



# FOND DU LAC WATER UTILITY

## Water Service – STOP/START Application

RETURN FORMS TO:

109 N Macy St

Fond du lac, WI 54935

920-322-3680

[fdlwater@fdl.wi.gov](mailto:fdlwater@fdl.wi.gov)

**\*\*\*\*\*Fill out this box to STOP service\*\*\*\*\***

Completion Date: \_\_\_\_\_ Requested STOP Date: \_\_\_\_\_

I am: (Please select one)  Tenant/Renter  Seller (Currently Own)  Landlord  Property Management Company  Business  
Service Address: \_\_\_\_\_ Fond du Lac, WI

Is this service address:  House  Apartment  Duplex  Mobile Home  Condominium  Business  
Name Currently on Water Account: \_\_\_\_\_

Please verify your Driver's License # OR Last 4 of Social Security #: \_\_\_\_\_

Please verify your Phone number & email address: \_\_\_\_\_

If you were renting, please list name of Landlord/management company & phone number: \_\_\_\_\_

IF SELLING PROPERTY Title Company Used for Closing: \_\_\_\_\_

Title Company Phone Number: \_\_\_\_\_

Please provide your Forwarding Address (Where should we send your final statement?): \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*A \$25 "special bill" charge will appear on your final statement. This*

Signature \_\_\_\_\_ *charge is applied when finalizing/closing out accounts.*

\*\*\*If filling out on behalf of account holder – please provide your Name/Phone#/Email: \_\_\_\_\_

Relationship to Account Holder: \_\_\_\_\_

**\*\*\*\*\*To START service fill out below, plus page 2\*\*\*\*\***

Completion Date: \_\_\_\_\_ Requested START Date: \_\_\_\_\_

I am: (Please select one)  Tenant/Renter  Buyer  Landlord  Property Management Company  Business

Service Address: \_\_\_\_\_ Fond du Lac, WI

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

List 1 of the following: Social Security, Driver's License# OR State ID #: \_\_\_\_\_

### 2<sup>nd</sup> Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

List 1 of the following: Social Security, Driver's License# OR State ID #: \_\_\_\_\_

Applicant(s) Billing Address:  Same as Service address OR \_\_\_\_\_

\*\*\*If there are more than 2 applicants, please attach additional forms\*\*\*



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109 N Macy St  
Fond du lac, WI 54936  
920-322-3680  
fdlwater@fdl.wi.gov

Have any of the applicants ever had a water account in the City of Fond du Lac before?  YES  NO

If Yes, please list previous addresses and name as it appeared on the past account:

**Applicant 1**

**Applicant 2**

\_\_\_\_\_  
\_\_\_\_\_

Does Applicant(s) need to discontinue services at any of the above address(es) ?  YES  NO

Address to discontinue service: \_\_\_\_\_ Date to Discontinue: \_\_\_\_\_

Address to discontinue service: \_\_\_\_\_ Date to Discontinue: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PURCHASING HOME - ONLY** - Date of Closing: \_\_\_\_\_ Start Date of Water Service: \_\_\_\_\_

Reason for different date: \_\_\_\_\_

**BUSINESSES ONLY** - If you selected "Business" above, please provide your Federal Tax ID #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name and Title of Person Responsible for Payment: \_\_\_\_\_

Phone Number & Email of Responsible Party: \_\_\_\_\_

### Landlord/Property Management Company Information

Company Name: \_\_\_\_\_ Contact Person Name : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Landlord/Property Management Company Signature** \_\_\_\_\_

*\*I, the Landlord/Property Management Company for the service address listed above authorize the Fond du Lac Water Utility to put the water account into my name beginning on the date specified on this form. I understand that the water account will remain in my name until I provide written notice via this form to the Fond du Lac Water Utility to make any changes.*

*\*APPLICANT INFORMATION – By signing this form, I am authorizing the Fond du Lac Water Utility to make the changes specified on this form, and I agree to be held liable for any charges incurred on my account from the requested start date and forward, until the water utility is provided with written notice to terminate my account. I further agree that the information I have provided is true and correct to the best of my knowledge. \*The Fond du Lac Water Utility reserves the right to run a background check on applicants, and to refuse/deny service.*

**OFFICE USE ONLY - Approved**\_\_\_\_ **Denied**\_\_\_\_ **Clerk**\_\_\_\_  
**Denial Reason:**  
\_\_\_\_\_