



Service Agreement Form

Fond du Lac Water Utility

Return Form:
109 N Macy St
Fond du Lac, WI 54935
fdlwater@fdl.wi.gov
(920) 322-3680

Where do you want to start your new service? Address _____ Fond du Lac, WI

Start Date _____

What Type of Service are you starting? Residential Commercial

Do you own, rent, or manage this location? Own Rent Landlord/Property Manager

If Rent, Landlord/Management Co. Information: Name _____

Phone Number _____ Email _____

What is your mailing address? Same as Service Address or Mail to:

Address

City

State

Zip Code

Go Paperless - Elect to have your Invoices Emailed. This option can be changed anytime, by registering at <https://myaccount.fdl.wi.gov/user/login>

If your applying for Water Service under a Business Name Proceed to Page 2- Section B

SECTION A

Applicant 1

First Name _____ M.I. _____ Last Name _____

Date of Birth _____
(Month/Day/Year)

Phone Type: Cellular Number: (_____) _____ Landline Number: (_____) _____

Email Address: _____

Identification (ID) Number (Required One (1) Form):

Driver's License: State Issued _____ - _____

Identification Card: State Issued _____ - _____

SSN _____ - _____ - _____

Passport or Immigration _____ Issuing Country _____

Applicant 2

First Name _____ M.I. _____ Last Name _____

Date of Birth _____
(Month/Day/Year)

Phone Type: Cellular Number: (_____) _____ Landline Number: (_____) _____

Email Address: _____

Identification (ID) Number (Required One (1) Form):

Driver's License: State Issued _____ - _____

Identification Card: State Issued _____ - _____

SSN _____ - _____ - _____

Passport or Immigration _____ Issuing Country _____

*Additional Applicant(s) attach supplementary Service Agreement Form

Continue to Page 2 for Agreement to Terms and Conditions



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SECTION B

Business Only

Business Name _____ Tax ID _____ - _____

Business Phone Number: (_____) _____

Business Email: _____

Owner Contact Information:

Name: _____ Email: _____

First Name

Last Name

Phone Type: Cellular Number or Landline Number: (_____) _____

Additional Contact Information

Name: _____ Title: _____
Accounts Payable, Maintenance, Manager, Etc.

First Name

Last Name

Email: _____

Phone Type: Cellular Number or Landline Number: (_____) _____

Have any of the Applicants/Business ever had an account in the City of Fond du Lac in the past? Yes or No
If Yes: List Name/Address

Name/ Address Name/ Address

*Applicant(s) Terms & Conditions

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. * Allow the Utility 5-7 business days to process your application.

Print Name Applicant 1 Signature Date

Print Name Applicant 2 Signature Date

OFFICE USE ONLY:

DATE RECEIVED _____ METHOD RECEIVED: Email Mail In-Person

PROCESSED DATE _____ BY: _____

APPROVED _____ SERVICE AGREEMENT IN C2M: YES OR NO, REASON: _____

DENIED _____ REASON: _____

NOTES: