



Service Agreement Form

Fond du Lac Waterworks

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 _____

Has the Applicant(s) ever had a Resident or Commercial water account with the Utility in the past? Yes or No

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

Address _____ City _____ State _____ Zip Code _____
(If paper invoicing is selected, the utility is not liable for missing or delayed invoice delivered via USPS. 1% late payment charge assessed for payments received after due date)

Go Paperless - Elect for email notification when a bill is ready for viewing, complete registration 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 _____

Former Name(s): _____ Date of Birth _____
(Month/Day/Year)

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

Email Address: _____

State or Federal Valid Identification (ID) Number (Required One (1) Form): Proof of ID is required, upon request.

Driver's License: _____ State Issued: _____ Exp. Date _____

Identification Card: _____ State Issued: _____ Exp. Date _____

SSN _____ - _____ - _____

Passport Number _____ Issuing Country _____ Exp. Date _____

Applicant 2

First Name _____ M.I. _____ Last Name _____

Former Name(s): _____ Date of Birth _____
(Month/Day/Year)

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

Email Address: _____

State or Federal Valid Identification (ID) Number (Required One (1) Form): Proof of ID is required, upon request.

Driver's License: _____ State Issued: _____ Exp. Date _____

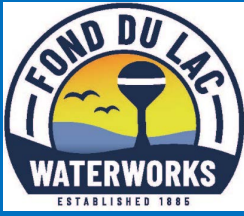
Identification Card: _____ State Issued: _____ Exp. Date _____

SSN _____ - _____ - _____

Passport Number _____ Issuing Country _____ Exp. Date _____

*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: _____
First Name Last Name Accounts Payable, Maintenance, Manager, Etc.

Email: _____

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

*Applicant(s) Terms & Conditions

By signing this form, I am authorizing the Fond du Lac Waterworks 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. Fond du Lac Waterworks 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 Drop Box

PROCESSED DATE _____ BY: _____

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

DENIED _____ REASON: _____

PARCEL DOCUMENTED AS- _____ NON LEAD- NO FURTHER ACTION REQUIRED OR

SITE DOCUMENTED AS: LEAD, GALVANIZED AFTER LEAD, UNKNOWN- CLASSIFY AS LEAD
NOTIFICATION METHOD: MAILED TO SERVICE ADDRESS OR MAILED TO BILL TO ADDRESS OR EMAILED

NOTES: _____