

**MARINETTE WATER UTILITY**  
501 WATER STREET  
MARINETTE WI 54143-2720  
(715) 732-5180

**APPLICATION FOR SERVICE**

Residential Single family \_\_\_\_\_ Multiple Family (how many units) \_\_\_\_\_  
Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Municipal \_\_\_\_\_  
Address of Service Location \_\_\_\_\_  
Who will occupy this service address Owner \_\_\_\_\_ Renter/Tenant \_\_\_\_\_  
Date Water Service to Start at Service Location \_\_\_\_\_  
Occupant Name #1 (Print) \_\_\_\_\_  
Occupant Name #2 (Print) \_\_\_\_\_  
Occupant Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_  
Alt Phone Number \_\_\_\_\_  
Address to Send Bills \_\_\_\_\_  
\_\_\_\_\_  
Name of Business \_\_\_\_\_  
If Business Operating at service address  
Drivers License #1 REQUIRED FOR SERVICE \_\_\_\_\_  
Drivers License #2 REQUIRED FOR SERVICE \_\_\_\_\_  
Owner/Landlord Name (print) \_\_\_\_\_  
Owner/Landlord Address \_\_\_\_\_  
Owner/Landlord Phone Number \_\_\_\_\_

Circle facilities located or proposed at the service address:  
Well/Sandpoint Irrigation System Pool Water used in Heating System  
Water Utility must inspect these facilities for an approved backflow prevention device to be present.

The undersigned here by makes application for water/sewer services and agrees to pay for said services as measured by the City of Marinette's metering devices in accordance with the applicable rates and charges as specified in the City's rate schedule for the service address until the utility receives a request to discontinue the services or discontinues service due to a failure to comply with this agreement. The customer agrees to allow access to water utility employees at reasonable times for necessary purposes, including inspection for backflow prevention devices, and maintenance of metering devices. All utility bills are due the 20<sup>th</sup> of the month, failure to receive a bill does not release a customer from payment obligations. Information submitted in this service agreement is correct and true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Agreement to be responsible for Water/Wastewater/Related Services  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Agreement to be responsible for Water/Wastewater/Related Services  
Landlord Approval \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Authorized agent approval is required