



**WATER & SEWER UTILITY**  
 W240 N 3065 Pewaukee Rd  
 Pewaukee, WI 53072  
 262-691-0804 FAX- (262) 691-5729  
 Email: [publicworks@pewaukee.wi.us](mailto:publicworks@pewaukee.wi.us)

## APPLICATION FOR SERVICE - RENTAL PROPERTY

The applicant applying for Water / Sewer service for the below premise agrees that said water/sewer shall be used in conformity with the rates, rules and regulations on file with the Public Service Commission of Wisconsin, and/or in the office of this utility. I agree to pay for services at the established rates. This application remains in effective until receipt of a written change authorization at the Utility department.

**Note:** Only the property owner (or authorized agent on file with this office) can add a billing name or authorize address changes.

Application Date: \_\_\_\_\_

Renter Information: Date of move: (in) \_\_\_\_ or (out) \_\_\_\_

Primary name(s) on account: \_\_\_\_\_

Service address: \_\_\_\_\_ Apartment / Unit No: \_\_\_\_\_

Billing Address if different: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

I am responsible for payment of the quarterly utility bills until further written notice: \_\_\_\_\_

Signature

\*\*\*\*\*

Owner's Name and/or Contact Information: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**For E-billing:** I (we) hereby authorize the City of Pewaukee to electronically provide my (our) utility billing to me (us). I (we) understand that it is my (our) responsibility to check for receipt of the billing each quarter; March 20th, June 20th, Sept 20th, Dec 20th; to ensure that penalties and interest are not applied for non-payment.

E-billing address www. \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Account Number: \_\_\_\_\_

Tax Key # \_\_\_\_\_

Date received: \_\_\_\_\_

Date processed: \_\_\_\_\_

Initials: \_\_\_\_\_