



REQUEST FOR SERVICE – NEW PROPERTY OWNER

Beloit Utilities • City Treasurer’s Office
100 State Street, Beloit, WI 53511
Office: (608) 364-6663 Fax (608) 364-6642

INSTRUCTIONS: This form must be completed in its entirety and returned to the City Treasurer’s Office in order for your request to be processed. Please clearly print your name as you would like it to appear on your billing statement. Please include your mailing address if different from the serviced property address. Include a telephone number where you can be reached during business hours. You must include a copy of your driver’s license or state identification card with your request or appear in person at the City Treasurer’s office to present your ID for verification. Your request will not be processed if it is incomplete or you fail to provide the required documentation.

Serviced Property Information

Address:	City/ST/Zip:
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Effective Date of Request	Account Number (if known) _____	Parcel Number
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Property Owner Information

Name:	Phone:
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Name 2 or in C/O:	Soc. Security # (Optional)
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Address:	City/ST/Zip:
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I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested of this application until I provide notice that I have moved and am no longer responsible for this utility bill.

I FURTHER AUTHORIZE THE BELOIT UTILITIES TO BILL ME FOR SAID SERVICE AND I AGREE TO PAY FOR SAID SERVICE AT RATES ON FILE WITH THE WISCONSIN PUBLIC SERVICE COMMISSION AND/OR CITY OF BELOIT. FURTHER, THAT IN THE EVENT SAID SERVICE IS NOT PAID TIMELY, THE SERVICE SHALL BE DISCONNECTED ACCORDING TO THE RULES OF THE PUBLIC SERVICE COMMISSION.

Owner Signature: _____ **Date:** _____

To sign up for the Automatic payment program, please visit
<https://www.invoicecloud.com/CityofBeloitWI>

OFFICE USE ONLY: Date Received: _____ By: _____

ID on file/verified by staff DL#/ID# _____