



TOWN HALL OFFICE
2445 S. AFTON ROAD
BELOIT, WISCONSIN 53511-8666
PHONE: 608-364-2980
FAX: 608-364-2999

Sewer Utility Account
Application

INSTRUCTIONS: This form must be completed in its entirety and returned to the Town Hall 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, State Identification card or Other Acceptable Photo ID with your request or appear in person at the Town Hall 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: **BELOIT WI 53511**

Effective Date of Request: _____ Account Number _____ Meter Reading _____

Property Owner/Management Company Information

First/MI/Last Name: _____ Email Address: _____
Phone#: _____

Name 2 or in C/O: _____ Date of Birth: _____

Address: _____ City/ST/Zip: _____

Send Sewer Bill to(Circle one): Owner / Mngmnt Co./ Tenant / Occupant **Owner/Mgmt Co. Signature:** _____

Tenant/Occupant Information

First/MI/Last Name: _____ Phone: _____
Email Address: _____

Name 2 or in C/O: _____ Date of Birth: _____

Address: _____ City/ST/Zip: _____

Owner Authorization

As the owner of the above-referenced property, I hereby authorize the Town of Beloit to send sewer utility bills directly to the above named tenant/occupant. I understand that I will not receive a copy of the quarterly (or monthly bills), but I will receive notice of any past due accounts when the tenant is delinquent by 14 or more days per Wisconsin ACT 274. I understand that I can call (608) 364-2980 x10 during normal business hours to obtain account balances. I understand and acknowledge that I am ultimately responsible for all sewer utility charges and penalty charges for the property and that any unpaid balance as of November 15 of each year will be placed on the tax roll and become a lien against the property. I further understand that if the tenant listed below vacates the property that I have twenty-one (21) days to notify the Town in writing of the forwarding address for said tenant in order to compel the Town to send notices for unpaid bills.

Owner Signature: _____ **Date:** _____

Tenant/Occupant Authorization

As the tenant/occupant of the above referenced property, I hereby request that the utility bills for the property be sent directly to me. I understand and acknowledge that I am responsible for all sewer utility charges for the property from the effective date listed above until such time that I notify the Town Hall in writing or by phone that I have vacated the premises. I hereby authorize the property owner to have access to informaton related to my account, including usage information as well as the ability to make changes to my utility account in regard to the mailing address and/or the request for a final reading to end my utility service. I further understand that by signing this agreement, the landlord will be notified by mail any time the utility bills for this address become delinquent, as well as if any balance is subject to tax roll.

Tenant/Occupant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Type of Photo ID presented _____ DL#/ID#/Other _____

Initials of person taking the application and verifying identity: _____ Date: _____