



Request to Start Water/Sewer Service

Notification to Municipal Billing Specialist is due 1 week prior to start service date

- Tenant (please complete form on back)
 Owner/Landlord:

Date for start service: _____

Full Name(s) to bill: _____

Service address: _____

Mailing address (if different): _____

SSN: _____ Dr. License #: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Address of last water service: _____

I, _____, the owner of (agent for) or tenant of the property stated above, hereby informs the Lancaster Water & Sewer Department that the person named above is responsible for the water and sewer bills at the above mentioned address and that non-payment of the bills could result in disconnection of service.

LANDLORD/MANAGER OR TENANT: _____
(circle one) Please sign (print name clearly after signature)

RETURN TO: LANCASTER WATER & SEWER DEPARTMENT
206 S. MADISON ST.
LANCASTER WI 53813
PHONE: 608-723-6225
FAX: 608-4789
jennyo@lancasterwisconsin.com

REMINDER: NOTIFY POST OFFICE OF ADDRESS CHANGE OR THEY WILL NOT DELIVER MAIL

CONSENT TO RELEASE INFORMATION

PURSUANT to and in accordance with Wis. Stat. Sec. 196.137, the City of Lancaster Municipal Water and Sewer Utility is hereby authorized to release my/our municipal utility customer account number, usage and status information to the landowner plus _____, and on my/our behalf is authorized to request a final utility reading in order to prepare a final billing in conjunction with real estate transaction activities and/or for real estate closing documentation purposes.

DATED this ____ day of _____, 20__.

(Print Customer Name)

(Customer Signature)