



EXISTING CONNECTION  
CHANGE OF BILLING  
INFORMATION

\_\_\_\_\_  
Utility Account #

The applicant whose name appears below requests the City to furnish utility services to the address below and agrees to receive and pay for such service in accordance with the rates, rules, regulations of the City of Mequon Utilities.

The applicant (\_\_\_\_owns / \_\_\_\_rents) this property as of this date\_\_\_\_\_.

Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Service Address: \_\_\_\_\_

Email: \_\_\_\_\_

Sign me up to receive my quarterly bills electronically

Bill to Address: (if different than service address)

If renting/leasing, please give the following owner information:

Owner/Landlord name \_\_\_\_\_

Owner/Landlord address \_\_\_\_\_

Owner/Landlord telephone no. \_\_\_\_\_

\*\* To complete this application, and to comply with federal regulation, individual residential accounts must attach a legible copy of your **current driver's license** or alternate government issued picture ID. For business accounts, the applicant attests that they are authorized to open this account on behalf of the business and have included a duly signed **W-9 form**. \*\*

\_\_\_\_ Copy of Driver's license attached for **each** applicant (residential)

\_\_\_\_ W-9 form attached (business)

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_

Return the completed application via fax, mail, e-mail or deliver in person to the Finance Department at the Mequon City Hall. Application is void if incomplete or altered.

City of Mequon  
11333 N. Cedarburg Rd.  
Mequon, WI 53092

Email: utilityclerk@ci.mequon.wi.us  
Finance Office: (262) 236-2947  
Fax: (262) 242-9655

FOR OFFICE USE ONLY

\_\_\_ Munis

\_\_\_ COB

\_\_\_ Attached