

EXISTING CONNECTION
CHANGE OF BILLING INFORMATION



Customer 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