

**APPLICATION FOR UTILITY SERVICE**

OFFICE USE ONLY:

**Existing Service**

Home Number: \_\_\_\_\_

**Dahlberg Light & Power Company  
P O Box 300  
Solon Springs WI 54873-0300**

**Life Support In Use? ( ) Yes ( ) No**

**Applicant(s) Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Location of Service: Town/Village of:** \_\_\_\_\_ **Fire Number:** \_\_\_\_\_

**( ) Own ( ) Rent Owners Name:** \_\_\_\_\_

**Owners Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Spouse Drivers License:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Spouse Social Security Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**(Spouse):** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Name(s) of other adult(s) living in household:** \_\_\_\_\_ **SS#'S:** \_\_\_\_\_

\_\_\_\_\_ **SS#'S:** \_\_\_\_\_

\_\_\_\_\_ **SS#'S:** \_\_\_\_\_

**Nearest Relative:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**(not living with you)**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Have you had service from this company before? ( ) Yes ( ) No If so, when:** \_\_\_\_\_

**Do you owe an old account for electric service? ( ) Yes ( ) No**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Please mark intended electric usage:**

**Lights ( )**

**Electric Range ( )**

**Electric Dryer ( )**

**Electric Water Heater ( )**

**Electric Heat ( )  
KW \_\_\_\_\_**

**Air Conditioning ( )**

**Other:** \_\_\_\_\_

**COMMERCIAL ONLY**

**HP Motors** \_\_\_\_\_

**KW Lights** \_\_\_\_\_

**KW Heat** \_\_\_\_\_

**Other** \_\_\_\_\_

The applicant agrees to take service for a period of one year at the rate under the company's schedule in effect from time to time in accordance with the rules and regulations on file with the Public Service Commission of Wisconsin for the class of service applicable. The company shall be responsible to supply service based on the service load indicated above by the applicant. The applicant agrees to guarantee a minimum of \$ \_\_\_\_\_ per \_\_\_\_\_ during the first year of service.

This application shall be deemed to be renewed for successive annual periods, unless terminated by written notice thirty (30) days prior to the expiration of any such period.