

CITY OF SPARTA – WATER & SEWER UTILITIES

201 W Oak Street Sparta WI 54656
Phone: 608-269-4340 Ext 226 Fax: 608-269-5046
Email: billing@spartawisconsin.org

APPLICATION FOR WATER, SEWER & GARBAGE SERVICE (please print information)

TODAY'S DATE: _____

DATE TO START SERVICE: _____

SERVICE ADDRESS: _____

OWN RENT

MAILING ADDRESS: _____
(If different from Service Address)

DATE OF CLOSING: _____
(If applicable)

OWNER OF PROPERTY: _____ ADDRESS: _____

OWNER PHONE NO: _____

SERVICES APPLYING FOR: WATER, SEWER, GARBAGE WATER & SEWER ONLY SEWER ONLY GARBAGE ONLY
(1-4 UNITS) (5 OR MORE UNITS)
 RESIDENTIAL COMMERCIAL OTHER _____

APPLICANT: _____
(Person responsible for Bill Payment)

DRIVER'S LICENSE OR IDENTIFICATION #: _____ SSN # _____
(Last 4 digits)

PHONE #: _____ EMAIL: _____

PREVIOUS SERVICE ADDRESS: _____
(Within City of Sparta)

CO APPLICANT: _____
(Other person responsible for Bill Payment)

DRIVER'S LICENSE OR IDENTIFICATION #: _____ SSN # _____
(Last 4 digits)

PHONE #: _____ EMAIL: _____

PREVIOUS SERVICE ADDRESS: _____
(Within City of Sparta. Service may be denied based on payment history)

Utility Billing and Collection: Bills are due on the 20th day of January, April, July & October. Disconnection of service for non-payment will occur the following month at which time a service fee of \$40.00 will be applied. As per Wisconsin Administrative Code, Section 185, water service terminated for non-payment will be restored only after the account balance and service fees are paid in full. If reconnection is requested after normal business hours a fee of \$55.00 will be applied and must be paid immediately in full the next business day.
(Applicant Initials _____) (Co-Applicant Initials _____)

Customer Agreement: By my signature below, I hereby request water service from the City of Sparta Water Utility. I understand sewer use charges and garbage charges, where applicable, will appear on the same billing as the water usage charges. In requesting utility service, I accept full responsibility for any charges, fees, penalties, or other obligations incurred while in my name. All utility bills are due and payable upon receipt, failure to receive a bill does not release a customer from payment obligations. I agree to abide by the Rules and Regulations set forth by the City of Sparta. I agree to guarantee proper protection for the City's property at the location shown, and shall permit access to it only by an authorized representative of the City. I have read and understand the information shown here on this application. I warrant that the information furnished for the purpose of obtaining utility service to be true and accurate to the best of my knowledge. To pay your bill online, go to: www.spartawisconsin.org or www.govpaynow.com All credit card payments will be charged a fee based on amount paid.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE (when applicable): _____ DATE: _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER: _____

- Pool
- Bypass YM Deduct YM
- Health Issues Boiler Heating System

SERVICE ORDER NUMBER: _____ On File: _____

DATE RECEIVED: _____ RECEIVED BY: _____