

**APPLICATION FOR PERMANENT UTILITY SERVICE**

**VILLAGE OF PRAIRIE DU SAC**

335 Galena Street  
Prairie du Sac, WI 53578  
(608)643-2421  
Website: [www.prairiedusac.net](http://www.prairiedusac.net)

Residential: Own _____ Rent _____	Commercial: Own _____ Rent _____
Property Owner/Manager: _____	
Property Address: _____	
Date Responsible for Service: _____	

**PLEASE PRINT**

Applicant's Name: _____
Mailing Address (if different than service address): _____
Phone Number: _____
E-mail: _____
Co-Applicant's Name: _____
Drivers License Number _____

Have you been served by Prairie du Sac Utilities in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a medical condition that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you have a condition that requires uninterrupted electrical service please contact us for a critical customer service application. This will allow us to notify you in case of temporary power outages.)

I agree to abide by the rules and regulations set forth by Prairie du Sac Utilities and to pay for services at the specified rate. I understand that a non-payment of utility bills could result in interrupted service and require posting a deposit. It is understood that current copies of the utility rules, regulations and rate are on file at the utility office and available to me for my information. **Upon termination of this service I understand that it is my responsibility to notify the Utility to request my utility service to be terminated or changed from my name.**

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

\_\_\_\_\_  
Approved by: Utility Signature & Date

**POLICY NO. 09-23-008(a) – Village of Prairie du Sac – Identity Theft Prevention Program**

Validated by \_\_\_\_\_ Date Entered \_\_\_\_\_