



LODI UTILITIES
130 S. Main Street
Lodi, Wisconsin 53555-1120

Tel (608) 592-3246
Fax (608) 592-3271
www.lodiutilities.org

Application for Utility Service

Rent Own

Name(s) on Account _____
(Name of Person(s) Responsible for Bill – Please Print)

Street Address _____ Apartment/Suite No _____
City/State _____ Zip Code _____
Home/Cell Phone No _____ Email _____
Previous Address _____ City/State/Zip Code _____
Previous Electric Provider _____ Previous Gas Provider _____
Employer's Name _____ Employer's Phone No _____
Drivers License No _____
Landlord Name _____ Landlord Phone No. _____

Additional Name on Account (if applicable)

Name _____
Home/Cell Phone No. _____ Email _____
Employer's Name _____ Employer's Phone No. _____
Drivers License No _____

Signature of Applicant(s)

Signature _____ Date _____

Signature _____ Date _____

For office use only:

Date of New Service _____ Utility Acct Number _____

The applicant(s) understand(s) and acknowledge(s) that by signing this application for service, he/she is accepting responsibility for payment of the utility bills and that non-payment of the bills could result in disconnection of service. Please bring completed and signed application to address above along with a picture id. Do not mail or fax.