

**APPLICATION FOR ELECTRIC AND WATER SERVICE WITH  
CADOTT LIGHT AND WATER**

To the Clerk of the Village of Cadott, Wisconsin:  
P. O. Box 40  
Cadott, WI 54727  
715-289-4282

Answer the following questions fully and completely:

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please list a phone number that we can contact you for any type of messages from the utility office. It is your responsibility to keep this number updated.

Name: \_\_\_\_\_  
                                    First                                      Middle                                      Last

E-mail Address: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License Number/State: \_\_\_\_\_

If No Wisconsin Driver's License:

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

Move In Date: \_\_\_\_\_

Move In Address: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Previous Address: \_\_\_\_\_

I, hereby agree and understand that it is my responsibility to pay any and all expenses incurred with the Cadott Light and Water Utility.

APPLICANT'S SIGNATURE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_