



# REQUEST FOR SERVICE – NEW PROPERTY OWNER

City of Oshkosh Utilities • 215 Church Ave, Oshkosh WI 54901

Office: (920) 232-5325

Email: utilitybill@ci.oshkosh.wi.us

**INSTRUCTIONS: This form MUST be COMPLETED in its entirety and returned to the Utility Accounting Office in order for your request to be processed.** Please clearly print your name as you would like it to appear on your billing statement. Please include your mailing address if different from the serviced property address. Include a telephone number where you can be reached during business hours. **Your request will not be processed if it is incomplete or you fail to provide the required documentation.**

### Serviced Property Information (REQUIRED)

Address:	City/ST/Zip:
Date of Closing	Account Number: (if known)

### Buyer/New Property Owner Information (REQUIRED)

WILL PROPERTY BE:	PRIMARY RESIDENCE	RENTAL
Name: (first) (middle) (last)	Phone: Landline: <input type="checkbox"/> Cell Phone: <input type="checkbox"/>	
Name 2 or in C/O:	Email: (Optional) Bill Delivery: Email Postal Mail	
Address:	City/ST/Zip:	

**\*\*PRIOR ADDRESSES IN OSHKOSH WITH WATER ACCOUNT IN YOUR NAME**

### Seller/ Former Owner Final Bill Information

Name:	Phone: Landline: <input type="checkbox"/> Cell Phone: <input type="checkbox"/>
Address for Final Bill:	City/ST/Zip:

I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested of this application until I provide notice that I have moved and am no longer responsible for this utility bill.

I FURTHER AUTHORIZE THE OSHKOSH UTILITIES TO BILL ME FOR SAID SERVICE AND I AGREE TO PAY FOR SAID SERVICE AT RATES ON FILE WITH THE WISCONSIN PUBLIC SERVICE COMMISSION AND/OR CITY OF OSHKOSH.

Signature:	Date:
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### OFFICE USE ONLY:

Date Received:	By:
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Revised: 02/16/2022