



Application for New Water Service

**Owner Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Property Information:**

Address: \_\_\_\_\_  
Building Uses: \_\_\_\_\_  
Apartments: Number: \_\_\_\_\_ Bedrooms: \_\_\_\_\_  
Details of special water needs or uses: \_\_\_\_\_

**Service Requested:**

New Service  Reconnection  
General Water Service (metered): Connection Size: \_\_\_\_\_ inch, Meter Size: \_\_\_\_\_ inch, # of meters: \_\_\_\_\_  
Fire Protection Service: Connection Size: \_\_\_\_\_ inch  
Other: \_\_\_\_\_

**Fees:** Connection fees and monthly service charges can be found in the Mauston Rate File, and are set by the Wisconsin Public Service Commission. Service Charges are subject to change. PLEASE REVIEW THESE FEES AND CHARGES CAREFULLY.

**Certification:** I hereby certify that the above and foregoing information is true and correct, and I certify that the proposed water service will be installed and used in accordance with all applicable rules, regulations, statutes, and ordinances.

\_\_\_\_\_  
Signature of Owner/Applicant Printed Name Date

-----  
**Property Location Verification:** I hereby verify that the above described property is located within the City of Mauston.

City Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification of Payment:** I certify that the connection fees for this application have been paid.

City Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Installation Approval:** I hereby certify that the installation of the above described water service has been inspected and is approved.

Director of Public Works: \_\_\_\_\_ Date: \_\_\_\_\_