



CHANGE OF OWNERSHIP – RESIDENTIAL UTILITY ACCOUNT

SERVICE ADDRESS: _____
Address Apt City State Zip

On the Effective Date, I will: Move In or Move Out of the property listed above.

On the Effective Date, I will: Own or Rent/Lease* the property listed above.

**See Landlord Section below. This section must be completed by the landlord in order to process application.*

Effective Date: ____/____/____

Name of Property Owner/s (Buyer): _____

Phone Number: (____) _____ Alternate: (____) _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Previous Owner/s (Seller): _____

Phone Number: (____) _____ Alternate: (____) _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Have you been a previous customer of the City of Pewaukee Water & Sewer Utilities? Yes No

If Yes, please indicate previous address: _____

The City does not perform final readings for utility bills for sales of property; utility charges are prorated as part of the closing process. If you are currently on Automatic Payment, please go to your online account and cancel your recurring payments. The City's billing program does not allow for retroactive changes, therefore, any requested change will not take effect until this form is received at City Hall.

EFFECTIVE DATE (Check one): The date this form is received at City Hall.
 The future date of ____/____/____.

LANDLORD SECTION

Name of Landlord: _____

Address: _____ City _____ St _____ Zip _____

Phone No.: (____) _____ Signature: _____ Date: _____

(Must be signed in order to process)

**As Landlord of the above listed Service Address, I hereby notify the City of Pewaukee Water & Sewer Utility that the tenant listed on this application is responsible for payment of utility charges for this service address. (WI State Stat. 66.0809.)*

The City of Pewaukee Water & Sewer Utility requires a signed application for utility services. Customers will be subject to current rates, rules and regulation as approved by the Wisconsin Public Service Commission. All information provided will be kept confidential. Providing false information can be cause for disconnection per the PSC Service Rule 113.0301. Residential service may be disconnected or refused for failure of an applicant to provide adequate verification of identity and residency.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE UTILITY WHEN VACATING THE SERVICE ADDRESS LISTED ABOVE.

If you have questions regarding this form, please contact the City of Pewaukee Department of Public Works at (262) 691-0804.