

IRON RIVER SANITARY DISTRICT #1
8185 US HIGHWAY 2 | IRON RIVER, WI. 54847
PH. 715.372.4710 | FAX
715.372.4857

ironriversanitarydistrict.com

SERVICE APPLICATION FOR WATER & SEWER

TODAY'S DATE: _____ DATE TO START SERVICE: _____

SERVICE ADDRESS: _____ OWN RENT

MAILING ADDRESS: _____

OWNER OF PROPERTY: _____ ADDRESS: _____

OWNER PHONE NO: _____ ACCOUNT NO: _____

SERVICES APPLYING FOR: WATER & SEWER WATER ONLY SEWER ONLY
 RESIDENTIAL COMMERCIAL OTHER _____

APPLICANT: _____

(Person responsible for Bill Payment)

DRIVER'S LICENSE OR IDENTIFICATION #: _____

PHONE #: _____ EMAIL: _____

PREVIOUS SERVICE ADDRESS: _____

(Within Iron River Sanitary District)

CO APPLICANT: _____

(Other person responsible for Bill Payment)

DRIVER'S LICENSE OR IDENTIFICATION #: _____

PHONE #: _____ EMAIL: _____

PREVIOUS SERVICE ADDRESS: _____

(Within Iron River Sanitary District)

Utility Billing and Collection: Bills are due on the 20th day of each month. Disconnection of service for non-payment will occur the following month. As per Wisconsin Administrative Code, Section 185, water service terminated for non-payment will be restored only after the account balance and service fees are paid in full. If reconnection is requested after normal business hours a fee of \$40.00 will be applied and must be paid immediately in full the next business day.

(Applicant Initials _____) (Co-Applicant Initials _____)

Customer Agreement: By my signature below, I hereby request water service from the Iron River Sanitary District. I understand sewer use charges where applicable, will appear on the same billing as the water usage charges. In requesting utility service, I accept full responsibility for any charges, fees, penalties, or other obligations incurred while in my name. All utility bills are due and payable upon receipt, failure to receive a bill does not release a customer from payment obligations. I agree to abide by the Rules and Regulations set forth by the Iron River Sanitary District. I agree to guarantee proper protection for the Sanitary District property at the location shown and shall permit access to it only by an authorized representative of the Sanitary District. I have read and understand the information shown here on this application. I warrant that the information furnished for the purpose of obtaining utility service to be true and accurate to the best of my knowledge. To pay your bill online, go to: www.ironriversanitarydistrict.com or www.paymentservicenetwork.com All credit card payments will be charged a fee based on amount paid.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

COMMISSIONER SIGNATURE: _____ DATE: _____