



REQUEST FOR SERVICE – NEW PROPERTY OWNER

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

Office: (920) 232-5325

Email: utilitybill@oshkoshwi.gov

INSTRUCTIONS: This form MUST be COMPLETED in its entirety and returned to the Utility Accounting Department in order for your request to be processed.

- * Please clearly print your name as it should appear on your billing statement.
- * 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 information.**

SERVICED PROPERTY INFORMATION (REQUIRED)

Address:	City/ST/Zip:
Date of Closing (Service Requests are for Future Dates Only)	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 (IF KNOWN)

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

Optional: Title Company Used & Phone Number

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. **I understand that I am responsible for the utility charges incurred at this location until I provide notice that I have moved and am no longer responsible for this utility bill.**

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: 02/14/2024