



Your Friendly Electric Servant

DAHLBERG LIGHT & POWER COMPANY

9221 East Main • P.O. Box 300 • Solon Springs, Wisconsin 54873-0300 • Telephone 715-378-2205 • Fax 715-378-2505 • 1-800-736-5167

APPLICANT'S NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

HOME #: _____ CELL #: _____ WORK #: _____

PHYSICAL ADDRESS: _____ (MARK ONE) OWN: _____ OR RENT: _____

(If Renting, What is Owners Name: _____)

LOCATION IS: TOWNSHIP / VILLAGE OF: _____

IF THIS IS A BUSINESS, NAME: _____

DRIVERS LICENSE NUMBER: _____ Date of Birth: _____

SOCIAL SECURITY NUMBER: _____ or F.I.N.: _____

PLACE OF EMPLOYMENT: _____ Length of employment: _____

SPOUSE'S (or other occupant) NAME (if applicable): _____

DRIVERS LICENSE NUMBER: _____ Date of Birth: _____

SOCIAL SECURITY NUMBER: _____ or F.I.N.: _____

PLACE OF EMPLOYMENT: _____ Length of employment: _____

DATE YOU ARE ASSUMING RESPONSIBILITY FOR THIS SERVICE: _____

HAVE YOU EVER BEEN A CUSTOMER OF DAHLBERG LIGHT AND POWER CO. BEFORE?
YES NO IF YES, WHERE: _____

IS LIFE SUPPORT IN USE? YES NO

THE UTILITY WILL USE REASONABLE CARE TO PROVIDE AN UNINTERRUPTED AND REGULAR SUPPLY OF SERVICE TO ITS CUSTOMERS. IT DOES NOT ASSUME DIRECT LIABILITY FOR ITS LOSSES OR DAMAGES TO PERSONS OR PROPERTY DUE TO ITS SERVICE, OR AS A RESULT OF THE SERVICE, INTERRUPTION OR VARIATIONS BECAUSE OF AN ACT OF GOD, STRIKE OR ANY CAUSES BEYOND THE UTILITIES CONTROL.

THE UTILITY RESERVES THE RIGHT TO CURTAIL OR TEMPORARILY INTERRUPT THE CUSTOMER'S SERVICE WHEN NECESSARY TO MAKE REPAIRS, REPLACEMENT OR CHANGES TO THE UTILITY'S FACILITIES EITHER ON OR OFF OF THE CUSTOMER'S PREMISES.

CONTRACTS SHALL NOT BE TRANSFERRED UNLESS AUTHORIZED BY THE UTILITY; NEW OCCUPANTS OF PREMISES PREVIOUSLY RECEIVING SERVICE MUST MAKE OFFICIAL APPLICATION TO THE UTILITY BEFORE COMMENCING THE USE OF SERVICE.

CUSTOMERS WHO HAVE BEEN RECEIVING SERVICE **MUST NOTIFY THE UTILITY WHEN DISCONTINUING SERVICE**; OTHERWISE, THEY WILL BE LIABLE FOR THE USE OF THE SERVICE BY THEIR SUCCESSORS SHOULD SAID SUCCESSORS REFUSE TO PAY. FOR CUSTOMER PROTECTION THE UTILITY RECOMMENDS THAT THIS **NOTICE BE IN WRITING**.

SIGNATURE: _____ DATE: _____ UTILITY EMPLOYEE RECEIVING APPLICATION: _____

OFFICE USE:

READING SEQUENCE: _____ ACCOUNT #: _____ METER #: _____ RATE: _____

METER DEPOSIT REQUIRED: _____ AMOUNT: _____ W-9: _____ BILL OF RIGHTS: _____ RATE SCHEDULE: _____

OFF PEAK AGRMNT: _____ FINANCIAL ASSISTANCE LETTER: _____ NEW ACCOUNT CHARGE: \$15.00 _____ \$30.00 _____ \$35.00 _____

Revised: 09/17/2013

Serving Customers in Amnicon • Barnes • Bennett • Brooklyn • Brule • Chicog • Cloverland • Delta • Frog Creek • Gordon • Hawthorne • Highland
Hughes • Iron River • Lake Nebagamon • Lakeside • Maple • Minong • Oakland • Parkland • Poplar • Solon Springs • Wascott