Oconto Falls Municipal Utilities

Water, Light, and Sewage Disposal Commissions
500 N. Chestnut Avenue • P.O. Box 70 • Oconto Falls, WI 54154-0070
Tel: (920) 846-4507 • FAX: (920) 846-4516

UTILITY CONNECTION APPLICATION

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Contact: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

CONNECTION DETAILS

Connection to be made (select all that apply): ☐ Electric ☐ Water ☐ Sewer

Location of Connection: _____

Additional Information: _____

_____

APPLICANT / CONTRACTOR ACKNOWLEDGMENT

I understand that authorization to connect to the municipal utility system noted above does not relieve me of my responsibility to contact DIGGERS HOTLINE three (3) working days before beginning any work described in this application; obtain all other permits required by governmental agencies; provide proper protection of the public through decontamination of the facility being connected and proper barricading and signing of the work area; ensure utility work is properly inspected before covering; minimize damage to public streets and facilities; and repair damaged property to the specifications of private owners and the municipality. I further understand that any repair costs for damage to public property may be assessed to the applicant if the applicant fails to properly repair such damage to municipal specifications. I acknowledge that I have reviewed the City's Utility Connection Ordinance (445).

Applicant/Contractor Signature: _____ **Date:** _____

FOR MUNICIPAL USE ONLY

Has Excavation Permit been approved? ☐ Yes ☐ No

Has applicant completed a Service Application? ☐ Yes ☐ No