



# City of Bloomer Utility Service Application

*All fields are required to be completed*

New Purchase: \_\_\_\_

New Renter: \_\_\_\_

Today's Date: \_\_\_\_\_

Effective Date of Service: \_\_\_\_\_

**Name(s) of person(s) responsible for payment:**

First

MI

Last

First

MI

Last

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Last Four of Social Security #: \_\_\_\_\_

Last Four of Social Security #: \_\_\_\_\_

**Service Address:**

**Billing Address:** (if different than service address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you currently, or have you previously,  
had service with Bloomer Utilities?**

Yes: \_\_\_\_ No: \_\_\_\_

**Previous Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that the information contained herein is correct and agree to take all applicable services in  
accordance with the City of Bloomer Utility rules and regulations.**

**Signature:**

**Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

Electric Meter #: \_\_\_\_\_

Final Reading: \_\_\_\_\_

Water Meter #: \_\_\_\_\_

Final Reading: \_\_\_\_\_

Deduct Meter #: \_\_\_\_\_

Final Reading: \_\_\_\_\_

Garbage Cart: Yes \_\_\_\_ No: \_\_\_\_

Account #: \_\_\_\_\_

Direct Pay Set Up: Yes \_\_\_\_ No: \_\_\_\_

SUBMIT COMPLETED FORM TO [NICOLEBATHKE@CI.BLOOMER.WI.US](mailto:NICOLEBATHKE@CI.BLOOMER.WI.US) OR MAIL TO 1503 MAIN ST BLOOMER, WI 54724