



### PSC Rules Notification Application

Pursuant to Wisconsin Administrative Code PSC 186.22 this form is provided as application for new tenants which may have special circumstances in cases of service disconnection. Please complete this form and return to ABT at the address at the bottom of this notice, or fax to 608.313.8791

Facility Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Lot# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For the following questions please circle **Y** for yes, or **N** for no

Does your home have a water boiler or other water based heating system as a primary means of heat? **Y** **N**

Do you have a medical condition that would be aggravated by disconnection of Water? **Y** **N**  
If yes, please attach written documentation from a licensed physician

Are you or any occupant currently under the provision of a protective services emergency? **Y** **N**

Have you provided a deposit as a condition of future water service? **Y** **N** Amount\$ \_\_\_\_\_

Will there be infants living in the home? **Y** **N** If yes please specify age(s) \_\_\_\_\_

Upon occupancy, will human life sustaining equipment be installed in your home? **Y** **N**

Would you like a third party to be notified prior to water service disconnection? **Y** **N**

If yes, please specify contact information: Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby make an application for water and/or sewer service at the above location and attest that the above information is true and accurate. I agree to abide by all rates, ordinances and regulations pertaining to such service as prescribed in my lease or rental agreement. I further agree to pay promptly for all water and sewer services and to continue liable for all charges on said premises until termination of lease or rental agreement has been established.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Date