

BRANDON SEWER & WATER UTILITY
115 N Center Street PO Box 385
Brandon, WI 53919
Phone 920-346-5415 Fax 920-346-8217

SEWER & WATER APPLICATION

Date Service Begins: _____

Service Address: _____

Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Driver's License: _____

Or Social Security Number: _____

I pledge that the above information is accurate. By signing this application I am acknowledging that I am financially liable for all sewer and water charges at this address until I notify Sewer & Water Department otherwise.

Signature of Applicant