

PO Box 385
115 N. Center Street
Brandon, WI 53919

Village of Brandon

Sewer & Water Utility



Phone: 920-346-5415
Fax: 920-346-8217

Sewer & Water Application

Date Service Begins: _____

Service Address: _____

Name (w/middle initial): _____

Mailing Address: _____

City: _____ Zip Code _____

Phone number: _____

Date of Birth: _____

Driver's License: _____

Or Social Security Number: _____

Email Address: _____

I prefer to have my bill & monthly newsletter: _____ emailed
_____ mailed

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 the Sewer & Water Department otherwise***. I also understand that ***failure to make timely payments*** will result in ***disconnection*** of my water & sewer service.

Signature of Applicant