



**PIONEER POWER and LIGHT COMPANY**  
104 North Main Street  
Post Office Box 309  
Westfield WI 53964  
608-296-2149

**NEW CUSTOMER APPLICATION and INFORMATION FORM**

**NEW SERVICE REQUEST**

**Requested Service Start Date\*** \_\_\_\_/\_\_\_\_/\_\_\_\_ (See Notes Below)

**Type of Service\*** (Select One) \_\_\_\_ Primary (Annual) \_\_\_\_ Seasonal (Less than 12 Months)

**PRIMARY RESPONSIBLE APPLICANT/CUSTOMER**

**First Name\*** \_\_\_\_\_ **Middle Initial** \_\_\_\_

**Last Name\*** \_\_\_\_\_

**Service Address\*** \_\_\_\_\_

**City/Village/Town\*** \_\_\_\_\_ **Zip Code\*** \_\_\_\_\_

**Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Driver (or State ID) License No.\*** \_\_\_\_\_ **State:\*** \_\_\_\_

**Telephone\*** \_\_\_\_\_

**Alternate Telephone** \_\_\_\_\_

**eMail Address** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Employer** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**Employer City/State/Zip Code** \_\_\_\_\_

**Employer Telephone** \_\_\_\_\_

**MEDICAL NECESSITY ACCOUNT**

**Will Doctor Prescribed, Electrical Powered, Medical Device(s)**

**be in use at this address?\*** \_\_\_\_ **Yes** \_\_\_\_ **No** (Select One)

(If yes, attached completed Medical Information Authorization Form)

**Are You The Owner?\***  Yes  No *(Select One)*

Owner (If different) or Landlord Name \_\_\_\_\_

Owner/Landlord Telephone \_\_\_\_\_

**HISTORY**

Current/Previous Electric Power Supplier (If applicable) \_\_\_\_\_

City/State \_\_\_\_\_

Is account current and fully paid?  Yes  No (Explain)

**Have you ever had an account with Pioneer Power and Light Co. or Westfield Milling and Electric Light Co. (d/b/a Westfield Electric)  Yes  No\*** If YES, when and where

**Do you have an outstanding unpaid account balance with ANY Wisconsin electric supplier within the previous six (6) years?\***  Yes  No *(Select One)*

**ADDITIONAL RESPONSIBLE PARTY (Co-applicant)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_

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

Service Address \_\_\_\_\_

City/Village/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver (or State ID) License No. \_\_\_\_\_ State: \_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

eMail Address (If applicable) \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City/State/Zip Code \_\_\_\_\_

Employer Telephone \_\_\_\_\_

**CO-APPLICANT HISTORY**

Current/Previous Electric Power Supplier (If applicable) \_\_\_\_\_

City/State \_\_\_\_\_

Is account current and fully paid? \_\_\_\_ Yes \_\_\_\_ No (Explain)

Have you ever had an account with Pioneer Power and Light Co. or Westfield Milling and Electric Light Co. (d/b/a Westfield Electric) \_\_\_\_ Yes \_\_\_\_ No If YES, when and where

**Do you have an outstanding unpaid account balance with ANY Wisconsin electric supplier within the previous six (6) years?\*** \_\_\_\_ Yes \_\_\_\_ No (*Select One*)

**ALTERNATE MAILING/BILLING ADDRESS** (*If Different or Seasonal Use Account*)

Address \_\_\_\_\_ Seasonal Acct? \_\_\_\_ Yes \_\_\_\_ No

City/Village/Town \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**NOTES and FURTHER EXPLANATION**

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**APPLICATION AUTHORIZATION**

I (We) herewith authorize Pioneer Power and Light Company (Pioneer) to contact ANY previous electric power provider to inquire of my (our) account status and payment history. Further, I (We) authorize Pioneer to contact and inquire of my (our) rental

agent/landlord relative to the information contained in this application, including payment history. Pioneer is authorized to copy and share ANY account information with my (our) rental agent/landlord as Pioneer deems necessary. Pioneer is herewith authorized to inquire of ANY creditor, of ANY Federal/State/Local agency, of ANY health care provider to validate information contained in this account application. I (we) further understand no future account changes may be made to this account unless given in writing to Pioneer. I (we) agree that authorized employees and agents of Pioneer shall have access to the service address property for ANY lawful purpose including, but not limited to, meter reading, repairs and restoration of service, termination of service, removing damaged equipment, safety inspection, quality monitoring or any other purpose incident to providing electric service. In signing this application, I (we) declare the information contained herein is accurate and true. I (we) agree to pay in accordance with the Fees and Tariff's determined and authorized by the Wisconsin Public Service Commission and as billed by Pioneer.

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

\_\_\_\_\_  
Co-applicant Signature (If required)  
Date \_\_\_\_\_

I (we) additionally authorize (name) \_\_\_\_\_  
to examine and discuss my (our) account as necessary, provided he/she has the account number and a valid account security code or picture identification if appearing in person. This authorization can be terminated in writing to Pioneer at any time. His/her telephone number is \_\_\_\_\_.

**Notes:**

1. \* Denotes Required information.
2. Incomplete or unsigned applications will not be processed or will be delayed until complete.
3. After ALL information is received, please allow up to five (5) working days for processing .
4. Attach current medical certification if appropriate.

*For Office Use Only:*

*Received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Mail/Internet/Person* \_\_\_ *M/I/P*

*Closing Meter Read Date* \_\_\_\_\_ *per Landlord*

*Closing Meter Read Date* \_\_\_\_\_ *per Tenant*

*Revised April 18, 2017*