



WESTFIELD MILLING AND ELECTRIC
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 _____

rental agent/landlord relative to the information contained in this application, including payment history. Westfield is authorized to copy and share ANY account information with my (our) rental agent/landlord as Westfield deems necessary. Westfield 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 Westfield. I (we) agree that authorized employees and agents of Westfield 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 Westfield.

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 Westfield 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