

# PORTAGE UTILITIES

PO BOX 214  
135 NORTHRIDGE DRIVE,  
PORTAGE, WI 53901  
PHONE: (608) 742-4727  
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Account #

OFFICE USE ONLY

## LANDLORD/TENANT AGREEMENT FORM

WIS. STAT §66.0809 REQUIRES MUNICIPALITIES TO PLACE DELINQUENT WATER BILLS ON THE TAX ROLL AS A TAX AGAINST THE PROPERTY THAT WAS FURNISHED WITH UTILITY SERVICE. THERE IS NO EXCEPTION FROM THE TAX LEVY FOR RENTAL PROPERTIES. WIS. STAT §66.0809 (5) (A) STATES A PROPERTY OWNER (LANDLORD) MAY ELECT TO NOTIFY THE UTILITY IN WRITING THAT A TENANT IS RESPONSIBLE FOR PAYMENT OF THE RESIDENTIAL UTILITY BILL.

RECEIPT OF THIS FORM WILL FULFILL THE WRITTEN REQUIREMENTS SET FORTH IN 66.0809 REGARDING DELINQUENT NOTICES AND RELATED LIEN PROCEDURES. THIS FORM MUST BE COMPLETED FULLY AND RECEIVED BY THE UTILITY SERVICE WITHIN FIVE (5) BUSINESS DAYS OF THE TENANT'S SERVICE STARTING.

**A NEW LANDLORD/TENANT AGREEMENT IS REQUIRED AT EACH TENANT CHANGEOVER.**

### RENTAL PROPERTY INFORMATION

*SERVICE ADDRESS	UNIT
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### OWNER INFORMATION

*OWNER'S NAME			
*OWNER'S MAILING ADDRESS	*CITY	*STATE	*ZIP
*OWNER'S PHONE NUMBER	OWNER'S EMAIL ADDRESS		

ADDITIONAL INFORMATION

### NEW TENANT INFORMATION

*TENANT'S FULL NAME			
*TENANT'S PHONE NUMBER	TENANT EMAIL ADDRESS		
*TENANT MAILING ADDRESS	*CITY	*STATE	*ZIP
*DATE SERVICE WILL START	ADDITIONAL INFORMATION		

### LANDLORD'S AGREEMENT

AS THE LANDLORD FOR THIS SERVICE ADDRESS, I ACCEPT RESPONSIBILITY FOR NOTIFICATION TO THE PORTAGE UTILITIES FOR ANY CHANGES IN OCCUPANCY, INCLUDING COORDINATING WITH THE TENANT IN SCHEDULING METER READINGS WHEN THE TENANT IS MOVING IN/OUT. I UNDERSTAND THAT ANY DEBT INCURRED BY MY TENANT COULD ULTIMATELY BECOME A LIEN ON THE ABOVE STATED PROPERTY.

*PRINTED NAME	*SIGNATURE	*DATE
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### TENANT'S AGREEMENT

I ACCEPT RESPONSIBILITY FOR PORTAGE UTILITIES CHARGES FOR THE ABOVE ADDRESS. I UNDERSTAND THAT SHOULD I BECOME PAST DUE ON MY UTILITY BILL I COULD BE SUBJECT TO DISCONNECTION AND/OR A LIEN COULD BE PLACED ON MY PERSONAL ASSETS WHEREIN MY NAME COULD APPEAR ON THE WISCONSIN CONSOLIDATED COURT AUTOMATED PROGRAM (CCAP) AS A PUBLIC RECORD. I UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE PORTAGE UTILITY OFFICE WHEN I MOVE FROM THIS RESIDENCE TO REQUEST A FINAL READING TO TERMINATE SERVICE.

*PRINTED NAME	*SIGNATURE	*DATE
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**RETURN THIS FORM BY FAX AT (608) 742-0448, MAIL TO PO BOX 214 PORTAGE, WI 53901,  
OR IN PERSON AT OUR OFFICE AT 135 NORTHRIDGE DR PORTAGE, WI**