



# City of Verona

Sewer & Water Utility  
410 Investment Court  
Verona, WI 53593

Phone: (608) 845-6695 Fax: (608) 845-5761  
Email: meters@ci.verona.wi.us

## WATER SERVICE AGREEMENT

This completed form is **required** before service can be transferred to a tenant name.  
Once the completed form is received in the utility office, no other steps are necessary.

**BOTH TENANT AND LANDLORD MUST SIGN THE SAME FORM**

Service Start Date (Service **cannot be backdated** prior to our office receiving this form): \_\_\_\_\_

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

### **TENANT** (Please initial each line item)

\_\_\_\_ I agree to be the responsible party for the water and sewer bills at the service address listed above, starting on the date listed above.

\_\_\_\_ I agree to provide a forwarding address and to notify the utility when I am no longer the responsible party.

\_\_\_\_ I understand, per ACT 274, any unpaid utility bills from my time of my tenancy, including penalties, can be transferred to the property tax bill of the property owner. If the property owner pays my unpaid utility bill, they can utilize the Dane County Court system to place a *lien on my personal assets* in the amount paid.

\_\_\_\_ I understand that the property owner will be notified of any unpaid balances once per quarter, and may contact the utility at any time for balance information.

\_\_\_\_\_  
Tenant signature/s

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name/s

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Business name (if applicable)

### **OWNER** (Please initial each line item)

\_\_\_\_ I acknowledge that I am ultimately responsible for any water and sewer bills at this service address.

\_\_\_\_ I understand that my tenant's unpaid utility bills, including any penalties, can be placed on the property tax bill of the service address.

\_\_\_\_ I understand that the utility does NOT disconnect services for non-payment.

\_\_\_\_ I understand that I will only be given notice once per quarter of unpaid tenant bills, but may call the utility at any time for balance information.

\_\_\_\_\_  
Owner/Manager signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Mailing address for notice of unpaid bills or tax roll transfers