



# RESIDENTIAL SERVICE APPLICATION

Date Entered by MGE

Save paper, save time! Complete the application securely online at: [mge.com/startservice](http://mge.com/startservice)

**Important:** To ensure your request is completed in a timely manner, please fill out this form completely.

**(\*) Required fields for this form. We may deny your application for service if any required fields are left blank.**

### New Applicant Information - PLEASE PRINT LEGIBLY

Full Legal Name of Person Responsible for Billing\*

Name Prefix	First Name	MI	Last Name	Name Suffix
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Date of Birth* (MM/DD/YYYY)	Contact Phone*	Work Phone	<input type="checkbox"/> I don't have phone service
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Employer	School (if student)
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Email Address
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Provide <b>at least one</b> form of identification in the area to the right.*	Social Security Number (full or last four digits)	Driver's License Number	Issuing State
	State Identification Number	Passport <i>Attach a copy of your passport.</i>	

### New Service Address Information

Date Service Starts*
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New Service Address*	Apt. No.
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City*	State*	ZIP Code*
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Mail Bills to Other Address? (if different than service address)*	Apt. No.*
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City*	State*	ZIP Code*
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### Previous Address of Person Responsible for Billing

Previous or Permanent Address*	Apt. No.
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City*	State*	ZIP Code*
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Does MGE service need to be turned off at previous address?*	If yes, date service needs to be turned off*
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Signature*	Date
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### Property Owner and/or Management Company Information

<input type="checkbox"/> Property Owner	Owner/Management Company Name			
	Address	City	State	ZIP Code
<input type="checkbox"/> Management Company	Work Phone	Fax		
	Contact Person	Phone	Contact Person E-Mail Address	

**Fax completed application to 608-252-4714 or send via U.S. Mail to:**  
 Madison Gas and Electric Company  
 Attention: Customer Center - RA  
 PO Box 1231  
 Madison WI 53701-1231

If you have questions or wish to complete this over the phone, please call 608-252-7222 or 1-800-245-1125.