

Village of Brady Customer Information Sheet

Date : _____

Service Address: _____
Address City State Zip

Residential Customer(s) _____
Last First initial

Cell Phone _____ EMAIL ADDRESS

Additional Customer _____
Last First Initial Cell Phone

Do you own the premises? Yes No

If No, Owner of Premises: _____
Name Address City/State/Zip Phone
City/State/Zip

Occupation _____ Employer _____ Employer Phone _____

Additional Customer OR Spouse Occupation _____ Employer _____ Employer Phone _____

Emergency Contact _____
Name Address City/State/Zip Phone Relationship to Customer

Do you wish to have a third party notified in the event your utility service is to be discontinued for non-payment? Yes No

Name Phone

(We are required by law to make this offer to you)

If you are interested in automatic payment, every month please provide the following information:

Bank Name _____

Checking Account # _____

Routing # _____

Which date would you like to make your payment? Circle one 3rd 15th 25th

VILLAGE OF BRADY CUSTOMER INFORMATION SHEET