



RESIDENTIAL SERVICE APPLICATION

Date Entered by MGE

There are three ways to complete this application.

- 1. **Save paper, save time! Complete the application online at: www.mge.com/startservice**
- or 2. Complete the application and fax to: (608) 252-4714
- or 3. Complete the application and mail to: Customer Center, Attention: RA
Madison Gas and Electric Company
PO Box 1231, Madison WI 53701-1231

Important: To safeguard your Madison Gas and Electric Company (MGE) account information and prevent identity theft, please fill out this form completely. **We may deny your application for service if any required fields are left blank.**
If you have questions, please call (608) 252-7222 or 1(800) 245-1125. **(*) Required fields for this form**

Section 1 - New Applicant Information

Full Legal Name of Person Responsible for Billing*			
<input type="checkbox"/> Mr. Last Name	First Name	MI	
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Provide at least one 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	Attach a copy of your passport.
Employer	School (if student)		
Date of Birth* (MM/DD/YYYY)	Contact Phone* ()	Work Phone ()	
Full Legal Name of Spouse Last Name	First Name	MI	
Employer/School	Contact Phone ()		

Section 2 - Previous Address of Person Responsible for Billing

Previous Address*	Apt. Number
City*	State* ZIP*
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	
Permanent Address (if student)	City State ZIP

Section 3 - New Service Address Information

Service Requested <input type="checkbox"/> Both Gas and Electric <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Date Service Starts*
New Service Address*	Apt. Number
City*	ZIP*
Mailing Address (if different than service address)*	Apt. Number
City*	State* ZIP*
Applicant's Signature*	Date

Section 4 - Property Owner and/or Management Company Information

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