

**WISCONSIN ELECTRIC POWER COMPANY
RESIDENTIAL BILLING CHANGE**

Phone Number: 1-800-242-9137

Fax Number: 1-800-354-3585

PLEASE PHONE OR FAX THIS INFORMATION TO THE ELECTIC COMPANY !

SECTION 1

Billing Change: (check one)

- Change billing responsibility from previous tenant to new tenant. (Fill out sections 2, 3, 4, 5 and 6)
- Change billing responsibility from owner/manager to new tenant. (Fill out sections 2, 3, 4 and 6)
- Change billing responsibility from previous tenant to owner/manager. (Fill out sections 2, 3, 4 and 5)

SECTION 2

Service Type: (check as applicable)

- Electric (Wisconsin Electric Customer)
- Gas (Wisconsin Electric gas customer)

SECTION 3

Change Information:

Service address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Date that billing responsibility should change: _____

SECTION 4

Owner/Manager Information:

Name (print): Wiechmann Enterprises Ultd Contact Person: Marcia De Cramer

Address: 2769 N. Summit Avenue Apt. # _____ City: Milwaukee State: WI Zip: 53211

Phone Number (including area code) (414) 961-2002 Fax number (including area code) (414) 961-7787

Please indicate how you would like Wisconsin Electric Utility Services handled when there is no tenant.

- Yes, automatically place my name on service between tenants: All Year Heating Season: Nov. 1 – April 15

No, I do not want to accept responsibility for service between tenants. Please disconnect the meter(s) whenever a tenant requests final readings. I am aware there is a danger of freeze-up damage.

SECTION 5

Previous Occupant Information: (if applicable)

Name (print): _____ Social Security Number: _____

Forwarding address: _____ Apt.# _____ City: _____ State: _____ Zip: _____

Home telephone number: (_____) _____ Work number: (_____) _____

SECTION 6

New Occupant Information: (if applicable)

Name (print): _____ Social Security Number: _____

Mailing address (if other than service address) _____ City: _____ State: _____ Zip: _____

Telephone numbers: Home: (_____) _____ Work: (_____) _____

Employer: _____ Spouse/Roommate name: _____

Previous address: _____ Apt.# _____ City: _____ State: _____ Zip: _____