



HO-CHUNK NATION DEPARTMENT OF HEALTH



Application for Water and/or Sewer Service - Payment Agreement

**** Copy of Driver's License and/or Tribal I.D. Must Accompany This Form ****

****One-Time Connection Fee of \$25 PER SERVICE Must Also Accompany This Form****

Service needed for: Water _____ (\$25.00/month) Sewer _____ (\$25.00/month) Both _____ (\$50.00/month)
Commercial accounts will be billed on a rate of use structure

Name of Applicant: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I, _____ am requesting public water supply/sewer use service from the Department of Health at the above location. If approved, I understand and agree that I will pay monthly charges indicated above beginning on _____. Monthly charges are subject to change if the Division of Environmental Health-Utilities office determines such a need to adjust its rates. Payments are due by the last day of each month, and made payable to the Ho-Chunk Nation Department of Health, address below. If payment is not made and I refuse to make arrangements for payment, I understand that my water service will be terminated, and legal action will be taken against me to collect a debt owed to the Nation. **If I no longer desire services at this address, I agree to notify the Division of Environmental Health-Utilities office in writing to terminate service. If I fail to notify the office of any change of address or responsibility for payment, I understand and agree that I will continue to be responsible for payment until such notification is made.**

Applicant's Signature _____ Date _____ SSN# _____

Tribal Affiliation _____ Enrollment Number _____ Date of Birth _____

Email Address _____

Water Utilities Approval

Wastewater Utilities Approval

**Ho-Chunk Health Care Center
N6520 Lumberjack Guy Road
Black River Falls, WI 54615**

**Cindy Storandt
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