



Residential Billing Change



This form is used to change billing responsibility at rental properties. In order to serve you better, please provide as much detail as possible on this form. Incomplete information may delay processing. Requests for billing responsibility changes must be made within 45 days of actual responsibility change. Requests made after 45 days will not be processed.

** = indicates required field*

Service Address Information:

Electric Natural Gas Both Electric and Natural Gas

* Date billing responsibility changes: _____
* Service address: _____ Apt: _____
* City: _____ * State: _____ ZIP: _____

New Occupant Information:

* Name: _____ SS#: _____
Employer: _____ Work phone: () _____
Cell/Other phone: () _____

Mailing address (if different than service address):

Address: _____ Apt: _____
City: _____ State: _____ ZIP: _____

Former address of new occupant:

* Address: _____ Apt: _____
* City: _____ * State: _____ ZIP: _____
Spouse/Roommate name: _____ SS#: _____
Employer: _____ Work phone: () _____

Previous Occupant Information:

Name: _____ SS#: _____
Forwarding mailing address: _____ Work phone: () _____
City: _____ State: _____ ZIP: _____

Owner/Management Company Information:

Owner name: _____ SS# / Fed TIN: _____
Address: _____ Apt: _____
City: _____ State: _____ ZIP: _____
Work phone: () Fax: () _____
* Contact person: _____ * Phone: () E-mail: _____

Management company:

Address: _____ SS# / Fed TIN: _____
City: _____ Apt: _____
State: _____ ZIP: _____
Work phone: () Fax: () E-mail: _____
Contact person: _____ Phone: () E-mail: _____

Meter Reading Information:

ELECTRIC Meter number _____ Meter reading: _____ Date of meter reading: _____
NATURAL GAS Meter number: _____ Meter reading: _____ Date of meter reading: _____

Fax to: 414-221-3911 or 800-638-5335

or Mail to: We Energies, Attn: Customer Records, P288, P.O.Box 2046, Milwaukee, WI 53201

Fax completed form to: (414) 221-3911 or (800) 638-5335