



Required Documentation List for RWP Certification

1. Proof of Identity

- Wisconsin Driver's License or ID
- Passport

2. Proof of Residency

The applicant's full name and address must be legible on proof of residence. Please ensure the attachment is a **FULL** copy of the document. Any sensitive information (date of birth, account number, ect.) can be redacted.

To verify your residential address, attach **two** items as proof from the following list:

- Current Wisconsin Driver's License or State ID showing current address
- Utility bill dated within 90 days (cell phone, water, We Energies, internet, ect.)
- Rental lease or property tax bill
- IRS Form 1040 from the prior tax year
- Voter's certification form
- Bank statement
- Hospital bill
- Letters/documents from educational institutions
- Letters/documents from Federal/State/Local agency
 - Benefits, Child Support, Unemployment, Food Share, DMV, ect.
- Other government or business documents with name and address
- Other documents subject to City approval

No junk/promotional mail will be accepted.

3. Journey, Apprentice, Pre-Apprentice Verification

Eligible applicants should have completed *at a minimum* a pre-apprenticeship program geared toward a specific trade.

Let the Purchasing Agent know if you are referred to RWP by your union, contractor, or training program.

Provide, if applicable:

- Proof or copies of trade/union certifications or cards
- Resume and references

ACCEPTABLE





Feb 07, 2024
 Account Number: 7041 00 105 81920347
 Security Code: 2250
 Service At: ADDRESS
 CITY, STATE, ZIP CODE

Auto Pay Notice

Have questions about your bill?
 Visit us at [Spectrum.net/billing](https://www.spectrum.net/billing)
 Or, call us at 1-888-70-SPECTRUM (1-888-406-7063)

Summary Service from 01/02/24 through 01/31/24
details on following page

Previous Balance	101.40
Payments Received - Thank You!	-101.40
Remaining Balance	\$0.00
Internet Services	100.75
Spectrum Voice™	3.00
Current Charges	\$103.75
YOUR AUTO PAY WILL BE PROCESSED 02/14/24	
Total Due by Auto Pay	\$103.75

NEWS AND INFORMATION

NOTE: Taxes, Fees and Charges listed in the Summary only apply to Spectrum TV and Spectrum Internet and are detailed on the following page. Taxes, Fees and Charges for Spectrum Voice are detailed in the Billing Information section.

Enrolled in Auto Pay: Your Auto Pay payment will be deducted on your due date.

Planning a move? We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 888-406-7063 or visit [Spectrum.net/easymove](https://www.spectrum.net/easymove).

Attention Small Business Owners: Stop overpaying for your business services. Get Spectrum Business internet, Voice and TV for your business and save! Call 1-888-406-8020 today.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.
 To avoid a late fee, the BALANCE must be paid by the DUE DATE. We appreciate your prompt payment and value you as a customer.

Auto Pay Thank you for signing up for auto pay. Please note your payment may be drafted and posted to your Spectrum account the day after your transaction is scheduled to be processed by your bank.



Feb 01, 2024
 FIRST NAME LAST NAME
 Account Number: 7041 00 105 81920347
 Service At: ADDRESS
 CITY, STATE, ZIP CODE

Total Due by Auto Pay **\$103.75**

ADDRESS, CITY, STATE, ZIP CODE
5001 3000 100 NP 10 0015003 0000000001 223114

FIRST NAME LAST NAME
 ADDRESS
 CITY, STATE, ZIP CODE

SPECTRUM
 PO BOX 1050
 CITY, STATE, ZIP CODE

70410010581920347096158

Full document
for proof of
residency

UNACCEPTABLE



Spectrum

IMPORTANT SERVICE NOTICE
About Your Spectrum Equipment

August 23, 2024

Mr. John Sample
123 Main Street
City, State, Zip Code



Dear Spectrum Customer,

INCOMPLETE.
Need a copy of
full document
for proof.



Spectrum

Feb 01, 2024
FIRST NAME LAST NAME

Account Number: 7041 00 105 81920347
Service At: ADDRESS
CITY, STATE, ZIP CODE

ADDRESS, CITY, STATE, ZIP CODE
5001 3000 1NO RP 10 08152023 NNNNNNNN 01 223114

FIRST NAME LAST NAME
ADDRESS
CITY, STATE, ZIP CODE

Total Due by Auto Pay **\$103.75**

SPECTRUM
PO BOX 1050
CITY, STATE, ZIP CODE