

**APPLICATION & CONTRACT
FOR WATER, SEWER & GARBAGE SERVICES WITH
THE CITY OF MONTROSE, SD**

Date _____ Date Service Is To Begin _____

Name _____
(Last) (First) (M Initial)

Address _____
(service address)

Billing Address (if different) _____

Social Security Number _____

Spouse Name _____ SS # _____

Phone _____
(home) (work/cell)

Email _____

IF TENANT, COMPLETE THE FOLLOWING:

Name of Owner/Realtor: _____

Phone: _____

Address: _____

CONTRACT

A \$200 cash deposit is required. Your bill is due by the 15th. If paid after the 15th, a late fee will be assessed to your account. If not paid by the 15th of the following month, you will be subject to shut off. If your water is shutoff, the total bill, turn off and turn on fee will be required before water will be turned on. Rates for the late fee, turn off, and turn on fees are set by resolution. If you move, you must notify the City Office or you will continue to be responsible for payment of utility bills.

The undersigned applicant hereby applies for utility services from the City of Montrose, SD and agrees to abide by the rules, regulations and procedures as set forth by the City of Montrose. I acknowledge that I have read, and understand, this contract and the utility procedures. I will be responsible for all bills and charges against this service until I notify the City of Montrose that the utilities are no longer desired.

Payment of all deposits and a copy of Applicant's Drivers License is required before service will begin.

Signature Date

OFFICE USE ONLY: Deposit Paid Y N Date of Payment: _____ Form of Payment _____