



BULK WATER APPLICATION

City of North Sioux City
504 River Drive
North Sioux City, SD 57049
Phone (605) 232-4276 Fax (605) 232-0506

TODAY'S DATE _____

SERVICE ADDRESS _____

COMPANY NAME _____

APPLICANT'S NAME _____

BILLING ADDRESS _____

WORK () - CELLULAR () - _____

START DATE _____ PROJECTED RETURN DATE _____

I hereby certify that the information furnished on this application is true and correct. I acknowledge that I will be responsible for paying for the water services. I (we) have provided the City with the required \$100.00 deposit for services and understand it will be used toward any outstanding balance at the time of discontinuance of said services.

APPLICANT SIGNATURE: _____

DEPOSIT \$100.00 RECEIPT # _____ CHECK # _____ CASH

THIS MUST BE FILLED OUT BY A CITY OF NORTH SIOUX CITY UTILITY WORKER.

HYDRANT SERIAL NUMBER _____ HYDRANT SIZE 2" 5/8"
PLEASE CIRCLE HYDRANT SIZE

ISSUED BY _____ START READ _____

RETURNED TO _____ END READ _____