



# APPLICATION

## WATER, WASTEWATER AND GARBAGE SERVICES

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

***Required to start services: Signed Application, Deposit, Copy of Driver's License***

START SERVICE \_\_\_\_\_ RESIDENTIAL ACCT  COMMERCIAL ACCT  LANDLORD ACCT

SERVICE ADDRESS \_\_\_\_\_ APT/LOT \_\_\_\_\_ OWN  RENT

NAME \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ - -

BILLING ADDRESS, IF DIFFERENT THEN SERVICE ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ YES, I WANT TO RECEIVE ALERTS.  
EMAIL  TEXT  IF TEXT, LIST CELL CARRIER \_\_\_\_\_

CELLULAR ( ) - WORK ( ) - HOME ( ) -

PREVIOUS RESIDENCE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SPOUSE / CO-APPLICANT INFORMATION ~~ IF APPLICABLE

NAME \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

CELLULAR ( ) - WORK ( ) - SOCIAL SECURITY \_\_\_\_\_ - -

### ADDITIONAL AUTHORIZED ADULTS TO ACCESS ACCOUNT INFORMATION AND MAKE CHANGES

\_\_\_\_\_

### LANDLORD INFORMATION ~~ IF APPLICABLE

NAME \_\_\_\_\_ WORK ( ) - CELL ( ) -

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### APPLICATION AGREEMENT

I (we) hereby certify the information furnished on this application is true and correct. I (we) acknowledge responsibility for paying for services at this service address according to the rates and schedules established by the City of North Sioux City until written notice requesting discontinuance is received by the City of North Sioux City. I (we) have provided the City with the required deposit for services and understand it will be refunded after any outstanding balance has been satisfied at the time of discontinuance, and if the amount exceeds \$1.00. I (we) agree to comply with all Ordinances, Resolutions and Regulations now in force or which may be passed by the City of North Sioux City.

I (we) understand the City of North Sioux City will shut off and withhold water if payment is not made. Before service is reinstated, we agree to pay the necessary amount required to bring the account current.

I (we) understand there is a \$20 reconnect fee and a \$75 after hours reconnect fee (after 3:30pm Monday thru Friday and weekends).

APPLICANT SIGNATURE

DATE

SPOUSE / CO-APPLICANT SIGNATURE

DATE

### FOR OFFICE USE ONLY

REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_ DRIVERS LICENSE REC'D  NEW ACCT # \_\_\_\_\_

RECEIPT # \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH  \$ \_\_\_\_\_ PSN CONF # \_\_\_\_\_ E-CHECK  CC

IF APPLICABLE, LANDLORD DEPOSIT ON FILE? YES  NO

NOTES: \_\_\_\_\_