

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 _____ Project _____

Service / Project Address _____

Company Name _____

Applicant Name _____

Billing Address _____

Work () - Cell () -

Email _____

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 # _____ C/C _____ Cash

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

Hydrant Serial # _____ Hydrant Size _____

Issued By _____ Start Read _____

Returned _____ End Read _____

Total Gallons _____