

UTILITIES 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

PHOTO ID

Required to start services: Signed Application, Deposit, and 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 () - DATE OF BIRTH _____ 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 \$25 reconnect fee plus \$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: Garbage Carts 1 - 2 Pink Recycling Cart 1 - 2