

MUNICIPAL UTILITIES DEPARTMENT

901 Fourth Avenue Southwest
WATERTOWN, SOUTH DAKOTA 57201-4107
Phone 605-882-6233 • Fax 605-882-6238

CUSTOMER INFORMATION FOR ELECTRIC SERVICE

Name(s) or Business _____
(Last) (First) (Initial)

Location of Service _____

Mail bills to: c/o _____ Phone No. (_____) _____
(if different from above)

PLEASE COMPLETE QUESTIONS:

Is this a temporary service? Yes No

If yes will this become a permanent service? Yes No

What type of service is this? Residential Commercial

Are you presently on our utilities? Yes No

IF NO, WE REQUIRE A DEPOSIT BEFORE ELECTRIC SERVICE WILL BE CONNECTED.

NOTICE: All billings and related charges will be sent to the above unless specified otherwise. If someone else is responsible for payment, please indicate below:

Name _____

Address _____

Telephone No. (_____) _____

ELECTRIC SERVICE WILL NOT BE CONNECTED UNLESS THIS FORM IS ACCOMPANIED BY A WIRING PERMIT.

Electrical Contractor _____

Address _____

Phone Number _____

Permit Number _____

Date _____

FOR COMPANY USE

Date _____

Meter No. _____

ERT No. _____

Investigation Order No. _____