Watertown Municipal Utilities Department

901 4TH AVE SW Watertown, SD 57201-4107 (605)882-6233

APPLICATION AND AGREEMENT FOR RESIDENTIAL/COMMERCIAL UTILITY SERVICE

Name:		Desired Connection Date:	
Service Address:			
Mail Bills To:			
City:		_	Zip Code:
Previous Address:			
City:			Zip Code:
Own/Rent:	Landlord:		
Phone #:	Employer:		
Work #:	· · ·	n our utilities before?	
Cell #:	•	Tour utilities before:	
	SSN/FIN _		
Birthdate:	Email Address: _		
Contact Person for Business:	-		
You will also be charged a deline 4. Deposits will be applied to your date and no returned checks.) 5. If you move: a. Call the office at (605) 88 b. We cannot take move in c. If your deposit has not b	quent service fee. account after one year of 32-6233. You are responsi /move out order from sor een refunded, it will be ap I, the account will be sent ion available to others, yo by be transferred to individu	good credit. (12 consecutive pay ble for utilities left on in your hor neone other than you. oplied to your final bill. to collections after the 90 day no u must sign a third party or call th	me. otice has been sent. he office.
Customer's Signature			Date
Co-signer's Signature (Guardian)			 Date
Co-signer's Name:			
	Office	Use Only	

Account #: ______ Personal ID (driver's license, picture ID): _____

Deposit Amount: _____ Receipt #: _____