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:	
	State: Zip Code:
Email Address:	
	SSN / EIN:
Cell Phone #:	Home Phone #:
	Employer Name:
Do you own or rent	_ your residence / commercial property?
Landlord's Name (if renting): _	
Have you been on our utilities b	efore: Yes No
payment is not received prior until payment is made. You w 4. Deposits will be applied to yo before the due date and no re 5. Residential accounts may subr lieu of deposit. If your paymenthe deposit will result in disco 6. If you move: a. Call the office at (605) ab. We cannot take move in c. If your deposit has not do the final bill is not pa 7. If you want your utility inform	will be charged a 5% late charge . A disconnection notice will be mailed out to you. It to the date indicated on the disconnection notice, your service will be disconnected all also be charged a delinquent service fee. Ur account after one year of good credit. (12 consecutive payments made on of turned payments.) Init a satisfactory credit reference letter from another electric utility company in the is late before 12 consecutive payments, a deposit will be required. Failure to payment in the interpretation. 1882-6233. You are responsible for utilities left on in your home. 1997 Indicate the payment in the interpretation of the payment in the interpretation in your home. In the payment in
Customer's Signature	Date
Co-signer's Signature (Guardian or if ap	plicant is under 18) Date
Co-signer's Name:	
	Office Use Only

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

Deposit Amount: _____