APPLICATION & CONTRACT FOR WATER, SEWER & GARBAGE SERVICES WITH THE CITY OF MONTROSE, SD

Date		Date Service Is To Begin		
Name		(First)		_
	(Last)	(First)	(M Initial)	
Address	(aaniaa addra			_
Billing Addr	ess (if different)_			
Social Secu	urity Number			
Spouse Na	me		SS#	
Phone		·	(work/cell)	
	(home)		(work/cell)	
Email				
IF TENANT	, COMPLETE TH	E FOLLOWING:		
Name of O	wner/Realtor:			
Phone:				
				<u></u>
assessed off. If your turned on.	to your account. r water is shutof	. Your bill is due by If not paid by the 1 f, the total bill and a	CONTRACT the 15 th . If paid after the 15 th , 5 th of the following month, you \$50.00 turn on fee will be requity Office or you will continue to	will be subject to shut uired before water will be
Montrose, Montrose. will be res	SD and agrees t Lacknowledge t	to abide by the rules that I have read, and oills and charges aga	utility services from the City of , regulations and procedures a d understand, this contract and ainst this service until I notify th	as set forth by the City of I the utility procedures. I
Payment of begin.	of all deposits ar	id a copy of Applicar	nt's Drivers License is required	d before service will
 Signature		Date		