

**CITY OF WALL
PO Box 314
Wall, SD 57790
(605) 279-2663**

UTILITY ACCOUNT APPLICATION

Applicant agrees to pay for water, sewer and solid waste services at the established rates and consents to all the rules, regulations and rates contained in the resolutions or ordinances of the Municipality and modifications thereof, and to all new rules, regulations or rates duly adopted. These documents are available for review at the City Office during regular business hours. **Payment is due the 10th of the month. Late fees of \$10.00 will be added to all accounts not paid by the 10th. After the 10th a disconnect/late notice will be mailed and if payment in full is not received by 4:00pm on the last working day of that month service will be disconnected. If service is disconnected, a \$25.00 reconnect charge will be added to the total charges. No partial payments will be accepted. A deposit of \$180.00 is required for all new accounts before water will be turned on.**

APPLICANT INFORMATION

Name: _____ **DL#** _____

Name: _____ **DL#** _____

Service Address: _____

Mailing Address: _____

Telephone Numbers:

Home #: _____ **Cell #:** _____ **Work #:** _____

Employer Name: _____ **Telephone #:** _____

Previous Mailing Address:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

IF RENTING PLEASE COMPLETE:

Name of Landlord: _____ **Telephone # of Landlord:** _____

Address of Landlord: _____ **City:** _____ **State:** _____

X _____
Applicant Signature

X _____
Date

Finance Officer

OFFICE USE:	Meter Serial No. _____
Account No. _____	Date of Hook-up: _____
Deposit – Date Pd: _____	Amount: _____
Date Refunded: _____	Amount: _____ FO Initials _____