

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: _____ State: _____ Zip Code: _____

Email Address: _____

Birthdate: _____ SSN / EIN: _____

Cell Phone #: _____ Home Phone #: _____

Work Phone #: _____ Employer Name: _____

Do you own _____ or rent _____ your residence / commercial property?

Landlord's Name (if renting): _____

Have you been on our utilities before: Yes _____ No _____

IMPORTANT THINGS YOU SHOULD KNOW:

1. Bills are mailed at the end of the month and **ARE DUE BY THE 10TH OF THE FOLLOWING MONTH.**
2. Call the office if you do not receive your bill.
3. Bills not paid by the due date will be charged a **5% late charge.** A disconnection notice will be mailed out to you. If payment is not received prior to the date indicated on the disconnection notice, your service will be disconnected until payment is made. You will also be charged a delinquent service fee.
4. Deposits will be applied to your account after one year of good credit. (12 consecutive payments made on or before the due date and no returned payments.)
5. If you move:
 - a. Call the office at (605) 882-6233. You are responsible for utilities left on in your home.
 - b. We cannot take move in/move out order from someone other than you.
 - c. If your deposit has not been refunded, it will be applied to your final bill.
 - d. If the final bill is not paid, the account will be sent to collections after the 90 day notice has been sent.
6. If you want your utility information available to others, you must sign a third party or call the office.
7. Unpaid commercial accounts may be transferred to individual accounts, according to 47.1 of the General Policy.
8. Deposits will not be transferred to another customer.
9. We only put utility accounts in one individual's name.

Customer's Signature

Date

Co-signer's Signature (Guardian or if applicant is under 18)

Date

Co-signer's Name: _____

Office Use Only

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

Deposit Amount: _____ Receipt #: _____