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

Date		Date Service Is To Begin	າ		
Name		(5:)	(8.11 *** 1)		
	(Last)	(First)	(M Initial)		
Address	(service address)			
Billing Addre	ess (if different)				
Driver's Lic	ense - COPY				
Spouse Nan	ne				
Phone	(home)	(worl	<td></td> <td></td>		
Email					
IF TENANT,	COMPLETE THE	FOLLOWING:			
Name of Ow	ner/Realtor:				
Phone:					
Address:					
to your acc shutoff, the fee, turn off	ount. If not paid be total bill, turn off a f, and turn on fees	red. Your bill is due by by the 15 th of the following and turn on fee will be r	ng month, you will be sequired before water we fou move, you must	he 15 th , a late fee will be assess subject to shut off. If your water vill be turned on. Rates for the I notify the City Office or you will	is
abide by the read, and u	e rules, regulation inderstand, this co	s and procedures as se	et forth by the City of Mocedures. I will be resp	of Montrose, SD and agrees to lontrose. I acknowledge that I had onsible for all bills and charges o longer desired.	ıve
Payment of	f all deposits and a	a copy of Applicant's Dr	iver's License is requir	red before service will begin.	
Signature			 Date		
OFFICE US	SE ONLY: Depos	sit Paid Y N Date	of Payment:	_ Form of Payment	