

CITY OF HOT SPRINGS

303 N RIVER ST

HOT SPRINGS SD 57747

PHONE 605-745-3135

FAX 605-745-5180

BUSINESS APPLICATION FOR UTILITY SERVICE

Date Service to Begin _____ Corporation Name _____

DBA _____ Federal Tax ID # _____

Local Contact _____ Phone _____

Service Address

Street _____

City _____

State _____ Zip _____ Phone _____

Bill To Address

Street _____

City _____

State _____ Zip _____ Phone _____

Corporate Address

Street _____

City _____

State _____ Zip _____ Phone _____

In case emergency services are required, and we are unable to locate you, please list a friend or relative whom we could contact:

Name _____ Phone _____ Address _____

(Over)

The undersigned customer(s) request(s) the City of Hot Springs to furnish utility services of water and sewer.

For the service requested, Customer agrees to pay to the City of Hot Springs the utility rates as amended from time to time and approved by the Hot Springs City Council. If any municipal utility user neglects or refuses to pay the amount due for any or all of the municipal utility charges therefore on or before the delinquent date, the City shall provide such delinquent municipal utility user with a written notice of termination of water service. The notice of termination will specify the reason for the impending shut-off, the exact amount owed, the steps which the municipal utility user can take to avoid the shut-off. There shall be a charge of \$30.00 to reconnect a water service disconnected for non-payment of the bill reconnected during regular business hours of 8:00 a.m. to 3:00 p.m. There shall be charged in addition to any other authorized charge, the sum of \$40.00 for calls made after hours.

Customer agrees to notify the City Utility Billing Department when service is no longer desired. The deposit will be refunded or applied to the final bill at the time service is discontinued. In the event that the utility user should leave the City of Hot Springs service area with an outstanding balance, the account will be reported to credit collections.

Applicant Signature _____ Title _____ Date _____

Applicant Signature _____ Title _____ Date _____

(Office use only)

Account Number _____

Deposit Number _____ Deposit Amount _____ Deposit Recorded on Computer _____

Customer Moved, Applied on Final Bill _____ Date _____ Check # _____

Customer Moved, Refunded Full Deposit _____ Date _____ Check # _____

Deposit Applied to Account _____ Date _____

COMMENTS _____

*****IMPORTANT NOTICE*****

The City of Hot Springs is an Equal Opportunity Provider

“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname”.

****FIRST APPLICANT****

****SECOND APPLICANT****

_____ I do not wish to furnish this information.

_____ I do not wish to furnish this information.

Ethnicity: (Mark One)

Hispanic or Latino _____
Not Hispanic or Latino _____

Ethnicity: (Mark One)

Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark One or More)

White _____ Black or African American _____
American Indian/Alaska Native _____
Asian _____
Native Hawaiian or Other Pacific Islander _____

Race: (Mark One or More)

White _____ Black or African American _____
American Indian/Alaska Native _____
Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

Gender: Male _____ Female _____

_____ Information provided by Management

_____ Information provided by Management