

For Office Use Only
Date:
Deposit:
Receipt #:

**CITY OF GREGORY, SOUTH DAKOTA
APPLICATION & AGREEMENT FOR WATER & SEWER SERVICE**

Request No. _____ City of Gregory Water/Sewer Service Connect Request

I wish to connect to the City of Gregory Water/Sewer Service starting _____ (date).

I agree to pay a \$50 dollar connecting deposit which will be returned to me at which time I wish to be disconnected from utility services, providing payment status is current with the City of Gregory.

Furthermore, the undersigned understands that all water/sewer bills shall become due the first of the month and if not paid on or before the fifteenth of the month, the discount of 10% will be lost and the amount added to the bill.

Furthermore, the undersigned understands that said services would be subject to being disconnected in the event payment for such services is delinquent for thirty days.

Local Billing Information:

Name: _____

Email Address: _____

Spouse or other (if applicable): _____

Service Address: _____

Mailing Address (if different): _____

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____

Race: (circle one)

- 1. American Indian/Alaskan Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White or Caucasian

Ethnicity: (mark one) Hispanic or Latino _____ Not Hispanic or Latino _____

Gender: (circle one) Male or Female

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer: _____ **Do you Own or Rent? (circle one)**

By signing this application, I certify that all of the information provided by me on this application is true and accurate. My signature indicates that I grant my permission to the City of Gregory to complete an identification verification using the information I have provided.

Sign _____ Date _____

This institution is an equal opportunity provider.