MUNICIPAL UTILITIES DEPARTMENT
239 Wisconsin Avenue SW • PO Box 1369
Huron, South Dakota 57350
Ph: 605-353-8504 • Fax: 605-353-8506
www.huronsd.com "City of Huron"

APPLICATION AND AGREEMENT FOR RESIDENTIAL UTILITY SERVICE

MUST BE 18 OR OVER TO APPLY

IN ORDER FOR THE WATER TO BE TURNED ON
SOMEONE MUST BE AT THE RESIDENCE

Applicant: _____ _____ _____
First Initial Last

ID Number: _____ SS #: _____

Photo ID: DL _____ Work ID _____ Passport _____ Other _____

Co applicant: _____
List all adults

Service Address: _____

Mailing address (if different): _____

Phone Number: _____ _____ _____
Home Work Cell

Employer: _____ Email: _____

Own: _____ Rent: _____ Landlord: _____

Have you or anyone else in the household ever had our service before? Yes: _____ No: _____

If Yes, whose name was the service in _____

IMPORTANT THINGS YOU SHOULD KNOW:

1. The Fair and Accurate Credit Transactions Act of 2003 (FACTA) requires all municipalities that operate utilities to have an Identity Theft Program. The City of Huron requires the above information from each customer before establishing a utility account.
2. A **$100.00 deposit** is required and will be applied to your final bill with the City of Huron.
3. Bills are mailed at the end of the month and ARE DUE ON OR BEFORE THE 18TH OF THE MONTH.
4. Bills not paid by the due date will be charged $2.00 plus 1% late charge.
5. If you do not receive your bill, call the office at 353-8504.
6. We cannot take move in/move out orders from someone other than you.
7. If you move you must notify the office by phone or in person. You are responsible for utilities left on in your name.

_____ _____
Customer Signature Date

Date Service is to Begin: _____ Deposit # _____

Account # _____

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