



**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 \_\_\_\_\_

LIST: FIRST/LAST NAME OF ANYONE OVER 18 THAT WILL BE LIVING AT THIS ADDRESS (OTHER THAN APPLICANT) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work Cell

Employer: \_\_\_\_\_ Home 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 18<sup>TH</sup> 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 # \_\_\_\_\_