City of Mobridge

Todays Date_____

Application for Utilities

*** Requests made after 3:00 pm will not be guaranteed to be completed until the next business day. ****

(Circle one) In out seasonal off on

Effective Date: _____

Applicant: _____

Date of Birth: _____ Last 4 Digits of Social Security #: _____

Joint Applicant: _____

Date of Birth: _____ Last 4 Digits of Social Security #: _____

Service Address: _____

Mailing Address: _____

Telephone (Required): _____

Employer Name: _____

Employer Phone: _____

X _____ _____

Applicant Signature ***Date***

X _____ _____

Joint Applicant Signature ***Date***

IF RENTING PLEASE COMPLETE

Name of Landlord: _____ Landlord Telephone: _____

Landlord Address: _____ City: _____ State: _____

(The City of Mobridge reserves the right to disclose of account information with property owner.)

A Copy of a Governmental Issued Photo ID must be attached to this application.

Applicant(s) agrees to pay for water, sewer and/or solid waste services at the established rates and consents to all the rules, regulations and rates contained in the resolutions or ordinances of the Municipality and modifications thereof, and to all new rules, regulations or rates duly adopted.
(These are available for review at the City Finance Office during regular business hours.)