

City of Brandon

304 S Main Avenue, P.O. Box 95, Brandon, SD 57005

(605) 582-6515

utilities@cityofbrandon.org

Application and Agreement for Utility Services

TODAY'S DATE: _____ DATE SERVICE IS TO BEGIN: _____
(See Important Information Below)

NAME/BUSINESS: _____
Please Print Last First M.I.

SPOUSE/OWNER: _____
Please Print Last First M.I.

ADDRESS: _____
Service Address

_____ Mailing Address (if different from above)

PHONE: _____ / _____ / _____
Home Cell Work

EMAIL ADDRESS: _____

WOULD YOU LIKE PAPERLESS BILLING(CIRCLE ONE): YES NO

DRIVERS LICENSE NUMBER: _____ DATE OF BIRTH: _____

EMPLOYER: _____

PREVIOUS ADDRESS: _____

HAVE YOU OR ANYONE IN THIS HOUSEHOLD EVER HAD OUR SERVICES BEFORE: YES/NO

WHAT NAME WAS THE SERVICE IN? _____

DO YOU OWN? _____ DO YOU RENT? _____ NUMBER IN HOUSEHOLD _____

IF RENTING – LANDLORD: _____

(Note - Attach a Copy of Your Driver's License for Proof of Identification). Forms will not be processed without all information.

Important Information - If notification is received after 8:00 AM (Business Day), on a Holiday or weekend the Meter will not be read until the following Business Day.

Utility bills are to be paid in full by the 15th of each month. After the 15th of the month, a 5% late fee shall be assessed. If past due payment is not received by the first Monday of the following month a red tag disconnect notice shall be issued and a \$10.00 processing fee will be added, and water will be disconnected if payment is not received by 8:00 a.m. that Wednesday and a \$ 50.00 reconnect fee shall be applied to your account. After-hours reconnection fee shall be \$ 75.00. Your bill must be paid IN FULL before water will be reconnected once it has been disconnected. Should your bill go to collections there is a \$50.00 collection fee added.

Signature of Person Requesting Service

Date

OFFICE USE ONLY:

IDENTIFICATION PRESENTED: YES/NO

ON FILE: YES/NO

APPLICATION APPROVED BY: _____

WINTER AVERAGE: