

City of Menno

236 S 5th Street PO Box 432 Menno, SD 57045-0432

Phone/Fax: 605-387-2427

Application for Utility Service

Applicant(s) agrees to pay for water, sewer and 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 and rates duly adopted.

(These documents are available for review at the City Finance Office during regular business hours.)

Service Address: _____ Application Date: _____

APPLICANT INFORMATION

Name: _____ Date of Birth: _____ SS #: _____

Driver's License #: _____ Mailing Address: _____

Phone #'s: Home: _____ Cell Phone: _____ Work: _____

Email: _____ Employer Name: _____

I authorize the City of Menno to allow the following person(s) to obtain information or make changes to this account.

CO-APPLICANT INFORMATION

Name: _____ Date of Birth: _____ SS #: _____

Driver's License #: _____ Mailing Address: _____

Phone #'s: Home: _____ Cell Phone: _____ Work: _____

Email: _____ Employer Name: _____

IF RENTING, PLEASE COMPLETE:

Name of Landlord: _____ Landlord Phone #: _____

Landlord Mailing Address: _____

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

X _____
Applicant Signature

X _____
Date

X _____
Co-Applicant Signature

X _____
Date

Date to Start Service: _____ Meter Reading: _____

Deposit – Date Paid: _____ Amount Paid: _____ Cash Receipt or Check #: _____

Date Refunded: _____ Amount: _____ Check #: _____

Date Applied to Account: _____ Amount: _____ Check #: _____