



# City of Elk Point

P. O. Box 280 106 W. Pleasant St.  
 Elk Point, SD 57025  
 (605) 356-2141  
 City Website: [www.elkpoint.org](http://www.elkpoint.org)  
**Utility Form Application**

## Personal Information

Primary Name on Account and Property Address:			
<b>Name:</b>		<b>Home #:</b>	
<b>Address:</b>		<b>Cell #:</b>	
<b>City/ State:</b>		<b>Driver License #:</b>	
<b>Billing Address:</b>	<input type="checkbox"/> Same as above	<b>E-Mail Address:</b>	
		Used for Notification of City Issues Only	

**OWNER**    **Date Service is to Start:** \_\_\_\_\_

Deposit: \$ \_\_\_\_\_    Date Paid: \_\_\_\_\_    Date Refunded: \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_    Date Paid: \_\_\_\_\_    Date Refunded: \_\_\_\_\_

Secondary Name on the Account :			
<b>Name:</b>		<b>Home #:</b>	
<b>Relationship to Primary:</b>		<b>Cell Phone #:</b>	
		<b>Driver License #:</b>	
		<b>E-Mail Address:</b>	
			Used for Notification of City Issues Only

**Billing Policy:**    All utility bills are due by the due date indicated on the bill.  
 Customers are responsible for charges, even if they do not receive utility bills.  
 Meters shall normally be read at the beginning of each calendar month.

Acceptance of Responsibility for Utility Services by New Resident:	
I agree to accept responsibility for this property with regard to the utility services provided by the City of Elk Point as of the date service is to start as listed above.	
<b>Customer Signature:</b> _____	<b>Date:</b> _____
<b>Customer Signature:</b> _____	<b>Date:</b> _____

### Office Use Only

**Date Entered:** \_\_\_\_\_    **Initials:** \_\_\_\_\_    **Account #:** \_\_\_\_\_  
**Past Due Notices Sent:** \_\_\_\_\_    **Disconnection for Nonpayment:** \_\_\_\_\_