

City of Brandon

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

(605) 582-6515

(E-Mail – Utilities Department)

jmorford@cityofbrandon.org

Application and Agreement for Water and Sewer Services

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

NAME: _____
Please Print Last First M.I.

SPOUSE: _____
Please Print Last First M.I.

ADDRESS: _____
Service Address E-Mail Address

Mailing Address (if different from above)

PHONE: _____ / _____ / _____
Home Cell Work

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 3:00 PM (Business Day) or on a Holiday Water Meter will not be read until the following Business Day.

Water bills are to be paid in full by the 15th of each month. After the 15th of the month, a 3% late fee shall be assessed. If payment is not received by the last Monday of the month the bill is due, a shut off notice shall be issued and \$10.00 processing fee will be added to your account. If past due payment is not received by the first Monday of the following month a red tag disconnect notice shall be issued and water will be disconnected if payment is not received by the close of business the following Wednesday and a \$ 50.00 reconnect fee shall be applied to your account. After-hours reconnection fee shall be \$ 75.00. Your past due amount must be paid IN FULL before water will be reconnected once it has been disconnected.

Signature of Person Requesting Service

Date

OFFICE USE ONLY:

IDENTIFICATION PRESENTED: YES/NO

ON FILE: YES/NO

APPLICATION APPROVED BY: _____