

**For Office Use Only**  
Date:  
Deposit:  
Receipt #:

**CITY OF LARCHWOOD, SOUTH DAKOTA  
APPLICATION & AGREEMENT FOR WATER & SEWER SERVICE**

**Request No.** \_\_\_\_\_ City of Larchwood Water/Sewer Service Connect Request

I wish to connect to the City of Larchwood Water/Sewer Service starting \_\_\_\_\_ (date).

I agree to pay a **\$50 dollar connecting deposit** which will be returned to me at which time I wish to be disconnected from utility services, providing payment status is current with the City of Larchwood.

Furthermore, the undersigned understands that all water/sewer bills shall become due the first of the month and if not paid on or before the fifteenth of the month, the discount of 10% will be lost and the amount added to the bill.

Furthermore, the undersigned understands that said services would be subject to being disconnected in the event payment for such services is delinquent for thirty days.

**Local Billing Information:**

**Name:** \_\_\_\_\_ Interested in Automatic Payments? Check  **Yes**  **No**

**Email Address:** \_\_\_\_\_ Paperless Billing? Check  **Yes**  **No**

**Spouse or other (if applicable):** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Race: (circle one)**

1. American Indian/Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White or Caucasian

**Ethnicity: (check one)**

- Hispanic or Latino  
 NOT Hispanic or Latino

**Gender: (circle one)** Male or Female

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **(circle one) Own or Rent?** Landlord: \_\_\_\_\_

By signing this application, I certify that all of the information provided by me on this application is true and accurate. My signature indicates that I grant my permission to the City of Larchwood to complete an identification verification using the information I have provided.

Sign \_\_\_\_\_ Date \_\_\_\_\_