

Deposit # \_\_\_\_\_

Please print clearly.

Complete information below. Attach your \$100.00 deposit for each meter. Checks are payable to the "City of Belle Fourche". A photo ID must be presented at the time of application.

### APPLICATION FOR CITY SERVICES

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

wish to connect to City of Belle Fourche City Services beginning on (date) \_\_\_\_\_

Please Check one:  Owner Occupied  Tenant Occupied  Commercial Property  Contractor - for the property for which I am applying for a service account.

The Service Address of the property is: \_\_\_\_\_

My Mailing Address is: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name - If self-employed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact: *(other than applicant, used only if applicant is unavailable)*  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

I agree to pay for all services for which this service account bill is rendered. I will also complete an application form with updated information upon request from the City Services office.

I agree to pay the \$100 connecting deposit (per meter) required which will be returned to me after disconnecting from utility usage, providing that our account is current. I understand that the final utility bill and any amount outstanding on my account will be deducted from the deposit before any amount leftover is refunded to me.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

City Services Office Use Only

Photo ID provided:

ID Number: \_\_\_\_\_

ID verified by: