



City of Salem

400 N Main Street, PO Box 249, Salem, SD 57058

(605) 425-2301

E-mail: citysalem@triotel.net

Application & Agreement for Water, Sewer, Storm Sewer & Garbage 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.

SERVICE ADDRESS: _____ E-Mail: _____

MAILING ADDRESS: _____

PHONE: _____ / _____ / _____
Home Cell Work

DRIVER'S LICENSE #: _____ DATE OF BIRTH: _____

EMPLOYER: _____

PREVIOUS ADDRESS: _____

HAVE YOU OR ANYONE IN THIS HOUSEHOLD EVER HAD OUR SERVICES BEFORE: _____ YES _____ NO

IF YES, WHAT NAME(S) 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 the information.

Important Information: If notification is received after 3:00 PM (Business Day) or on a Holiday Water Service will not be turned on and/or Meter will not be read until the following Business Day.

Applicant agrees to pay for all water, sewer, storm sewer & garbage service 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 all new rules, regulations or rates duly adopted. Applicant agrees to remit payment with the original statement by the 10th of the month. A penalty of \$5.00 will be added if not paid by that date. Failure to comply-service will be disconnected before the first of the following month and a reconnection fee of \$50.00 will be due.

Applicant agrees to forfeit the security deposit if notice and forwarding address are not given to the City of Salem in writing prior to vacating the premise.

Signature of Person Requesting Service

Date

OFFICE USE ONLY:

Date Received: _____ Meter Reading: _____

Deposit \$ _____ Garbage Due: \$ _____ Total \$: _____

Paid: Cash / Credit Card / Check # _____ Account # _____ Computer Entry Date: _____