



CITY OF ROSEBUD UTILITIES APPLICATION
(Water, Sewer & Garbage)

Applicant's Name: _____ D.O.B. _____

Phone # _____ Driver's License # _____ State: _____

Name of Nearest Relative _____ Phone # _____

Service Address: _____

Mailing Address: _____ Service Start Date: _____

Water Service Currently: ON___ OFF ___

Landlord's Name _____ Phone # _____

Yes, I hereby request confidentiality of my personal records I hereby rescind (cancel) my request for confidentiality

The city is not responsible any damages caused by flooding or leaks that may occur when water is turned on. It is the responsibility of the applicant to make sure there are no leaks and all water sources inside or outside of the home are off at the time. If the meter shows a water source may be on, the meter will not be turned on to avoid any flooding.

The connection fee for a new account for property owner is \$75.00, renter \$150.00 and commercial \$150.00 paid in advance. Monthly bill are due in full by the 10th of each month. If not paid by the 10th of the month, a late fee of 5% of your current bill will be added. If not paid by the 20th of the month your water service will be disconnected. PAYMENT IN FULL (including additional cut off and reconnect fees) will be required before the City will reconnect your service.

Applicant's Signature: _____ Date: _____

Meter Read By: _____ Date Read: _____

Meter #: _____ Account #: _____

Date Approved: _____ Owner of Property: Yes ___ No ___

Connect Fee: Owner: \$ _____ Renter: \$ _____ # of cans: _____

Total Paid: \$ _____ City Rep: _____ Date: _____

WATER BILL DEBIT AUTHORIZATION

NAME _____ ACCT NUMBER _____

I (we) hereby authorize the City of Rosebud (THE COMPANY) to initiate entries to my/the checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Account Name – PLEASE PRINT)

(SSN#)

(Address – PLEASE PRINT)

Set Amount _____ Maximum Amount _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols 1: :1 on the bottom left of your check)

Signature and Date: _____

Date: