Read Meter(s) Activate Service(s) Date:_____

CITY OF MILLER
120 West 2nd Street
Miller, SD 57362
The City of Miller is an equal opportunity provider.

UTILITY ACCOUNT APPLICATION

Applicant agrees to pay for electric, water and sewer services 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 to all new rules, regulations or rates duly adopted. These documents are available for review at the City Office during regular business hours.

Payments are due by the 25th of each month. A 5% late fee will be added to all accounts not paid by 8:00 a.m. on the 26th (or next business day after the 25th). If payment is not received for the past due balance by 8:00 a.m. on the second business day of the next month you will be charged a fee of $50.00 and services will be disconnected. Full account balance will be due in order for your utilities to be reconnected. No partial payments will be accepted.

APPLICANT INFORMATION:

Name 1: _____ SS# _____

Name 2: _____ SS# _____

Service Address: _____

Mailing Address: _____

Telephone Numbers:

Home #: _____ Name 1 Cell #: _____ Name 2 Cell #: _____

Employer Name: _____ Telephone #: _____

Own: _____

Rent: _____ Name of Landlord: _____ Landlord Phone #: _____

Contract for Deed: _____from _____

I hereby apply for utility services (electric, water and sewer) from the City of Miller and understand that I am responsible for all bills and charges for said utility services until I notify the City of Miller such services are no longer needed. Landlord will be notified when delinquent. I acknowledge that I have read and understand the utility procedures listed above including the payment of bills and termination of services for nonpayment.

Deposits Due:

☐ **$150.00 Residential Electric Deposit**

☐ **$50.00 Residential Water Deposit**

X_____ X_____
Applicant Signature Date

X_____ X_____
Applicant Signature Date

_____
Finance Office Staff

Continued

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

_____ I do not wish to furnish this information

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark all that apply)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Sex:

____ Male

____ Female