

City of Groton

209 North Main Street

PO Box 587

Phone 605-397-8422

Groton, South Dakota 57445-0587

APPLICATION FOR UTILITY SERVICE

Application for service at _____

Date Effective _____

Home Phone # _____

Your Name _____ Soc Sec # _____ Date of Birth _____

Your Employer _____ Employer's Phone # _____

Employer's Address _____

Your Email _____ Your Cell Phone _____

Spouse's Name _____ Soc Sec # _____ Date of Birth _____

Spouse's Employer _____ Employer's Phone # _____

Employer's Address _____

Spouse's Email _____ Spouse's Cell Phone _____

Billing Address:

Street or Box # _____

City, State, Zip Code _____

PRIMARY **PHONE** # TO BE USED FOR NOTIFICATIONS: _____

PRIMARY **EMAIL** TO BE USED FOR NOTIFICATIONS: _____

Name of nearest relative **not** living with you: _____

Address _____ City, State, Zip _____

Phone # _____ Relationship _____

Deposit Amt _____ Date Pd _____

ALL DOGS ARE REQUIRED TO BE LICENSED!