CITY UTILITIES & SERVICES REQUEST

City of Flandreau
1005 W. Elm Avenue
Flandreau, SD 57028-1404

☐ **Begin Services Effective** _____

☐ **Discontinue Services Effective** _____

☐ **Add Name/Name Change**
☐ **Name Change**
☐ **Update Info**

Service Address: _____ Apt. or Lot #: _____

Applicant(s) name(s): _____ ☐ Own

Drivers License Number: _____ ☐ Rent

Last 4 Digits of Social Security Number: _____ Date of Birth: _____

Email Address: _____

Previous Address: (Street) _____

(City)_____ (State)_____ (Zip)_____

Previously received utilities or services from City of Flandreau ☐ No ☐ Yes
(Date)_____ (Address) _____

If other adults are living in the household, list names here:

SEND MY ☐BILL ☐FINAL BILL/DEPOSIT REFUND TO:

Name(s): _____ Phone: _____

Address: (Street or PO Box) _____

☐ Flandreau ☐ Other City _____ State_____ (Zip) _____

Interested in automatic payment option? ☐ Yes ☐ No ☐ Not Applicable

I have notified my landlord of my departure date: ☐ Yes ☐ No ☐ Not Applicable

_____ _____
(Signature / Date) (Signature / Date)

FOR OFFICE USE ONLY

Deposit received/on file: ☐ Water $50.00 ☐ Electric $100.00 Receipt #_____

☐ Cash ☐ Check ☐ Transfer Deposit ☐Apply to final bill

Transfer from account #: _____Transfer to Account #: _____

Meter read date: _____ Meter #: _____ Electric: _____

Meter #: _____ Electric: _____

Meter #: _____ Water: _____

Meter #: _____ Water: _____

Entered by: _____ Date: _____ Comments: _____

_____

_____

FOR OFFICE USE ONLY

Document reviewed by: _____ Date: _____

Entered by: _____ Date: _____

Comments:_____

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