



CITY OF DELL RAPIDS UTILITIES CONNECTION REQUEST

Date to begin service: _____

Service Street Address: _____

Billing Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Driver's License State and Number: _____

Email address: _____

Home phone: _____ Cell phone _____

Work phone (if no cell phone) _____

I prefer to receive my bills via ☐ post office or ☐ email

I will RENT ☐ or OWN ☐ the property and if renting, will pay \$225 connecting deposit which will be returned to me at which time I wish to disconnect from utility services, providing payment status is current with the City.

If renting property, name and address of Landlord _____

Signature

Office use only)

Date Deposit Paid

Date

Cash, check, or credit card