

# CITY OF BALTIC

PO BOX 327  
Baltic, SD 57003

## NEW UTILITIES APPLICATION

Billing Name \_\_\_\_\_

Owners Name \_\_\_\_\_

Service Address \_\_\_\_\_

New Construction?    Yes    No

Mailing Address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of occupancy/closing \_\_\_\_\_

Would you like to receive your bill via e-mail?    Yes    No

Email Address \_\_\_\_\_

Do you want to have your bills debited through your bank on auto pay?    Yes    No

Do you want to receive city notifications via text?    Yes    No

Account holder's drivers license number & state \_\_\_\_\_

Please provide copy of your drivers license

Account information may be released to \_\_\_\_\_

By signing this application, I certify that all of the information provided by me on this application is true and accurate. My signature indicates that I grant my permission to the City of Baltic to complete an identification verification using the information I have provided.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
Copy of driver's license _____	Pet license _____	Garbage pick up _____	Building Permits _____
Account Number _____	Book Stop _____		
Deposit \$140	Cash/Check/Credit Card _____	Received Date _____	