



PO Box 217, Volga, South Dakota 57071605.627.9113

APPLICATION FOR UTILITY SERVICES

{Copy of Photo IDs Required for All Adults in Household}

Please return completed application and picture of photo ID(s) to ashleyv@volgacity.com.

Full Legal Name: _____

Social Security Number: _____

Service Address: _____

Mailing Address (if different from above): _____

Own _____ Rent _____ Landlord's Name: _____ Phone: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

I authorize the City of Volga and its agents to contact me by email: _____ (Initial)

Driver's License Number: _____ State Issued: _____

Personal Vehicle Information

Make: _____ Model: _____ Color: _____

Emergency Contact

Name: _____ Phone: _____

Relationship (Please circle one)

Mother Father Spouse Sibling Child Other: _____

Date service should go into your name: _____

- \$200 METER DEPOSIT IS DUE WHEN SIGNING UP FOR SERVICE. THIS DEPOSIT WILL BE APPLIED TO YOUR FINAL BILL UPON MOVING OUT OF THIS RESIDENCE.
- IN THE EVENT OF AN NSF PAYMENT, YOU WILL BE CHARGED A \$30.00 FEE TO THE NEXT BILL.
- I ACKNOWLEDGE RESPONSIBILITY FOR THE BALANCE DUE FROM THE FINAL READING.

Please sign below stating that you understand the terms of service and that all information provided is accurate.

Signature: _____ Date: _____

OFFICE USE ONLY		
DEPOSIT AMT: _____	CC	CASH CK# _____
DATE: _____	RCV'D BY: _____	

ALL resident occupants over 18 years of age that are responsible for any portion of monthly payments must complete the following:

Full Legal Name:
Phone Number:
Signature:
Copy of Photo ID Required

Full Legal Name:
Phone Number:
Signature:
Copy of Photo ID Required

Full Legal Name:
Phone Number:
Signature:
Copy of Photo ID Required

Full Legal Name:
Phone Number:
Signature:
Copy of Photo ID Required