

City of Colome Utility Application
116 W. 3rd Street
PO Box 237
Colome, SD 57528
(605)842-0853

Meter #

Radio #

General Information:

Date Service to begin: _____ Today's date: _____

Service Address: _____

Own: _____ Rent: _____ PLEASE PROVIDE COPY OF RENTAL CONTRACT/AGREEMENT

Landlord(s): _____

Landlord Mailing Address: _____ Landlord Phone number: _____

Applicant One:

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

City Alerts Subscribe to website- city@colomesd.org

Current Employer: _____ Employer Phone Number: _____

Applicant Two:

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

City Alerts Subscribe to website- city@colomesd.org

Current Employer: _____ Employer Phone Number: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone number: _____

Set up on ACH: Yes _____ No _____

Please read and initial the following statements

_____ I understand that I must pay my deposit (\$100.00) in full before services will be put in my name. This deposit is not waived for anyone and must be paid in full at the time of application. This deposit is valid for each utility account.

_____ I understand that if my services are shut off for nonpayment, a \$50.00 disconnect fee will be applied to my account. Payment must be made by 3:30 for service to be reinstated the same day. Payments made after 3:30 pm may result in service remaining shut off until the next business day. I am responsible for past due payment and the disconnect fee before the account will be reinstated.

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_____ I understand that failure to receive the bill or notice shall not prevent such bill from becoming delinquent nor relieve the customer from responsibility for payment. Payment is due on the 10th of each month. Late fees are assessed on the 11th of each month. Services will be disconnected on the 25th each month for nonpayment.

_____ I understand that I am responsible for any water leaks/breaks and line maintenance at the curb stop to the residence. (If you rent, it is your responsibility to notify your landlord of any problems.)

_____ I understand that I am responsible for all usage until the final paperwork is filled out by me and a date has been set for a final meter reading.

Date: _____

Applicant Print: _____ Applicant Signature: _____

Applicant Print: _____ Applicant Signature: _____

FOR OFFICE USE ONLY:

ACCOUNT #: _____

STATUS: ON / OFF

ON DATE: _____

RENTAL CONTRACT/AGREEMENT

RECEIVED? YES / NO

DEPOSIT RECEIVED? YES / NO

CA CK

RECEIPT#: _____

AMOUNT: _____

METER START READING: _____

APPROVED & COMPLETED BY: _____

ACCOUNT CREATED DATE: _____

FINANCE OFFICER

ACCOUNT CLOSING

FINAL READING: _____

DATE: _____

DEPOSIT REFUNDED? YES / NO

DATE: _____

CHECK #: _____

***The City of Colome is an equal opportunity provider and employer. ***

REV 08-2024 CCFO