

**City of Britton**  
**1203 3<sup>rd</sup> St., PO Box 126, Britton, SD 57430**  
**(605) 448-5721**

**UTILITY ACCOUNT APPLICATION**

The applicant agrees to pay for water, sewer and garbage services at the established rates and consents to all the rules, regulations and rates contained in the resolutions or ordinances of the Municipality and modifications thereof, and to all new rules, regulations or rates duly adopted. **\$100.00 deposit required at time of application.**

**APPLICANT INFORMATION:**

**Applicant:** \_\_\_\_\_

Driver Lic #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

**Joint Applicant:** \_\_\_\_\_

Driver Lic #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Do you want to enroll in auto pay? \_\_\_\_\_

Do you want to enroll in our budget program? \_\_\_\_\_

Do you have a pet?    Yes    or    No    DOG _____    CAT _____
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Name of Landlord (if Renting): \_\_\_\_\_

X \_\_\_\_\_  
Applicant Signature

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Joint Applicant Signature

X \_\_\_\_\_  
Date

**Please complete the back of page**

<b>OFFICE USE:</b>	<b>DEPOSIT:</b>		
ACCT #: _____	CA/CK/CC: _____	Date Pd: _____	Amount: _____

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“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

\_\_\_\_\_ I do not wish to furnish this information

**Ethnicity:**

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

**Race: (Mark all that apply)**

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

**Sex:**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**Non-Discrimination Statement:**

This institution is an equal opportunity provider.

