



For office use only
Account # _____
Deposit # _____

City of Spearfish
Water, Sewer and Garbage Services
Commercial Application

**Please complete this application and present in person to the Utility Billing Office at 625 N 5th Street.
A \$150.00 security deposit will be required to establish an account.**

Business Name: _____ Business Phone: _____

Service Address: _____

Mailing Address _____ City _____ State _____ Zip _____
(If different than above)

Description of Business, Nature of Operations or Activities: _____

Business Owner's Name: _____ Primary Phone: _____

Contact Person: _____ Primary Phone: _____

Own Closing Date: _____ Rent Rental Date: _____ Landlord: _____

Email Address: _____ Paperless Billing Yes No Both

Text Notifications Yes No Preferred Phone # for Text _____
(Will only be used for late notices and special reminders)

I would like to enroll in Direct Monthly Payment
(A separate authorization form will be presented when this application is returned)

I certify the above information is true and accurate and I accept full financial responsibility for all utility charges to this account and will notify the Finance Office three (3) days prior to my move out date.
In addition, I agree to routine water meter maintenance by allowing City staff access to the water meter located within the above property when necessary.

(Signature) **(Date)**

To abide by the Fair and Accurate Credit Transactions Act, the City of Spearfish will only allow the above applicant(s) to make changes to and billing inquiries on this account.

For Office Use Only
Please Transfer To _____ Signature _____ Date _____