



Application and Agreement for Residential/Commercial/Industrial Utility Service

116 W Center St Madison SD 57042 (605) 256-7504

The Fair and Accurate Credit Transactions Act of 2003 (FACTA) requires all municipalities that operate utilities to have an Identity Theft Prevention Program. The City of Madison requires the following information from each customer before establishing a utility account.

Name on Utility Account _____ Spouse Name _____
(Please Print) Last First Middle Initial

Service Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Do you ____ Own ____ Rent If Renting, Name of Landlord _____

Bank Name _____ City _____ State _____

Home Phone _____ Work Phone _____ Cell Phone _____

Which is the best phone number to contact you? _____ Your signature below gives us authorization to contact you at this number.

Date of Birth _____ Driver's License Number (copy attached) _____

Social Security Number (last 4 digits only) _____ Employer _____ Email _____

Spouse's Employer _____ Spouse's Work Phone _____

Spouse's Social Security Number (last 4 digits only) _____

In accordance with the Revised Ordinances of the City of Madison, payment shall be due by the date as listed on the utility bill. Delinquent customers will be assessed a penalty and receive a mailed notice giving them an additional seven days to make payment. Customers who are still delinquent will be mailed a disconnection notice stating the amount due before the date and time of disconnection. Accounts terminated by disconnection will be assessed a reconnect/reinstatement charge and will only be reconnected upon full payment of utility billings and fees after tenant verification is provided via landlord. **If your FINAL bill is not paid by the due date as listed on the utility bill, your account will be placed in collection status with AAA Collections, Inc. and additional fees will be assessed.**

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 Madison to complete an identification verification using the information I have provided.

Signature _____ Date _____

******* FINANCE OFFICE USE ONLY *******

In Acct Number _____ Out Acct Number _____

Date Service To Begin/End _____
Past Due Bill Amount (if any) _____
Deposit _____
Reconnect Fee Elec/Water _____
Transfer Fees: App Electric _____
App Water _____
Total _____

Garbage Cart:
65 Gallon \$15.75 _____
95 Gallon \$19.00 _____
Fees Paid:
Yes _____

Moving To _____

Final Bill Mailed To _____

Comments _____