

Water/Wastewater Application

City of Bayard

Phone 712-651-2001

Copy of: Driver's License

Government ID

Applicant Information			
Name:			
Date of application:	SSN:	Phone:	
Current Physical Address:		Current Mailing Address:	
City:	State:	ZIP Code:	
E-mail Address:			Cell :
Previous address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Landlord's Phone:		Landlord's Cell :
Landlord's Physical Address:		Landlord's Mailing Address:	
City:	State:	Zip:	
Employment Information			
Current employer:			
Employer address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Co-applicant Information, Spouse or Other Adult Living in Household			
Name:			
Date of Application:	SSN:	Cell :	
Co-Applicant Employment Information			
Current Employer:			
Employer Address:		State:	ZIP Code:
Phone #:	E-Mail:	Fax #:	
Names of those Over the Age of 18 Residing in Residence:			
Name:	E-mail:	Cell :	
Name:	E-Mail:	Cell :	
Name:	E-Mail:	Cell :	
I hereby apply for water/wastewater/garbage services at the stated premise and agree to use and pay for all charges incurred in accordance with the rates, rules and regulations legally in effect and on file at Bayard City Hall. I understand I must pay a deposit. The deposit will be refunded when the account is closed and all charges are payed in full. I understand that all parties living in the home over the age of 18 are jointly and severally liable for charges incurred.			
I (we) have read and understand everything stated on this application. For e-submissions, I understand that typing my name/names below serves as a binding signature.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:
Signature of Responsible Adult:			Date:
Signature of Responsible Adult:			Date:

OFFICE USE ONLY

Date Rec _____
Deposit Amount _____

Date Approved _____
Method of Payment _____

Account # _____
Date Paid _____