

City of Valley Springs

401 Broadway PO Box 118
Valley Springs, SD 57064
Phone (605) 757-6555 / Fax (605) 757-6730



UTILITIES APPLICATION

Begin Services Effective _____

Service Address: _____ Mailing Address: _____

Applicant(s) name(s): _____

Driver's License Number(s): _____

Last 4 Digits of Social Security Number: _____ Date of Birth: _____

Contact Number(s): _____

Email Address: _____

Do you own or rent? _____ If renting, Landlord's Name: _____

Have you previously received utilities or services from City of Valley Springs? No Yes

A \$90.00 Water Deposit is due upon making application. This deposit is refunded if you move from the city.
Upon receipt of the deposit the service will be put in your name

(Date) _____ (Address) _____

I, the undersigned applicant, hereby apply for utility services from the City of Valley Springs and agree to abide by the rules, regulations, and procedures set forth by the City of Valley Springs Commission. I will be responsible for all bills and charges against this account until I notify the City of Valley Springs in writing that the utilities are no longer desired.

(Signature / Date)

FOR OFFICE USE ONLY

Community Texting Alert		
The City of Valley Springs has a Community Texting Alert data base for announcements. The alert system will be used for Non-Weather-related City Emergency Situations, Important City announcements, and Declaration of Snow Alerts.		
Do you wish to sign up for Community alerts? Yes or No		
Phone Number: _____		

Date Received	Account Number	Entry Date
Deposit Amount	Cash/Check	Receipt #