

**CITY OF MILLER**  
**120 West 2<sup>nd</sup> Street**  
**Miller, SD 57362**

*The City of Miller is an equal opportunity provider.*

Read Meter(s) Activate Service(s) Date: _____
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**BUSINESS UTILITY ACCOUNT APPLICATION**

Applicant agrees to pay for electric, water and sewer 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. These documents are available for review at the City Office during regular business hours.

Payments are due by the 15<sup>th</sup> of each month. A 5% late fee will be added to all accounts not paid by 8:00 a.m. on the 16<sup>th</sup>. After the 15<sup>th</sup> a delinquent notice will appear on your monthly utility bill. If payment is not received for the past due balance by 8:00 a.m. on the second business day of the next month you will be charged a fee of \$50.00 and services will be disconnected. Full account balance will be due in order for your utilities to be reconnected. No partial payments will be accepted.

**APPLICANT INFORMATION:**

Business Name: \_\_\_\_\_ Tax # \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

**Telephone Numbers:**

Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Own: \_\_\_\_\_

Rent: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Contract for Deed: \_\_\_\_\_ from \_\_\_\_\_

*I hereby apply for utility services (electric, water and sewer) from the City of Miller and understand that I am responsible for all bills and charges for said utility services until I notify the City of Miller such services are no longer needed. Landlord will be notified when delinquent. I acknowledge that I have read and understand the utility procedures listed above including the payment of bills and termination of services for nonpayment.*

**Deposits Due:**

- \$200.00 Small Commercial Electric Deposit
- \$400.00 Large Power Electric Deposit
- \$100.00 Commercial Water Deposit

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

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

\_\_\_\_\_  
Finance Office Staff

**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 Alaska Native**

**Asian**

**Native Hawaiian or Other Pacific Islander**

**Sex:**

**Male**

**Female**