



# CITY OF MITCHELL

## Application and Contract for Utility Services

612 N. Main  
Mitchell, SD 57301

**Part I.** Date Service to Begin \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Initial

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

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work

ID Number: \_\_\_\_\_

- Part II.**
- |                     |  |   |   |
|---------------------|--|---|---|
| Curbside Collection | 30 Gallon<br><input type="checkbox"/> \$11.00 per mo.  | 60 Gallon<br><input type="checkbox"/> \$12.00 per mo. | 90 Gallon<br><input type="checkbox"/> \$13.00 per mo. |
| Alley Collection    | <input type="checkbox"/> \$13.00 per mo.   | <input type="checkbox"/> \$14.00 per mo.              | <input type="checkbox"/> \$15.00 per mo.              |
| Compost Service     | <input type="checkbox"/> Existing container \$4.00 per month (April to October)<br>Address can is from _____<br>or<br><input type="checkbox"/> New container \$70.00 per container, plus \$4.00 per month (April to October) |   |   |

**Part III. YOU MUST FILL OUT PART III IF YOU ARE A TENANT**

Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONTRACT

The undersigned applicant hereby applies for utility services from the City of Mitchell and agrees to abide by the procedures as set forth by the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Garbage Can Size 30 60 90 Curbside or Alley  
Charge Compost Yes or No

### OFFICE USE ONLY

Date \_\_\_\_\_

Turn on at \_\_\_\_\_ Reading \_\_\_\_\_

Read meter at \_\_\_\_\_ Reading \_\_\_\_\_

For \_\_\_\_\_ Billing Address \_\_\_\_\_

Ordered By \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Renter  Owner

Initial \_\_\_\_\_