

City of Crooks  
701 S West Ave / PO Box 785  
Crooks, SD 57020  
Tel 605-543-5238 Fax 605-543-6438  
www.crookssd.org



### Application for Utility Services

This application must be typewritten or printed in ink. Please include a copy of a government-issued form of ID (individuals) / copy of business's FEIN when submitting the application.

**Applicant:**             Property owner                       Tenant                       Management Company

**Type of Service:**     Residential                       Commercial

**Account name(s):** \_\_\_\_\_

**Date(s) of birth:** \_\_\_\_\_ **Last four SSN(s):** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Go paperless (Check applicable)?**                       Yes                       No

**Start date of service:** \_\_\_\_\_ (Monday through Friday, 8 am through 5 pm, excluding holidays)

**Service address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Billing address (if different than service address):** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**If you are a tenant, please provide the following information:**

**Owner name:** \_\_\_\_\_

**Mailing address of owner:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Deposits:**      Gas      \$100                                      Water (Crooks only)      \$50

By signing this utility service application, I/We agree to abide by the utility policies as established by Crooks Municipal Utilities. I/We agree to pay the charges incurred in connection with your utility services provided by Crooks Municipal Utilities. I/We agree to pay the applicable deposits to establish our utility account. I/We agree to notify utility at least seven (7) days prior to our establishing the utility account and prior to discontinuation of utility service.

\_\_\_\_\_  
**Signature applicant**                                      **Date**

\_\_\_\_\_  
**Signature applicant**                                      **Date**

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**FOR OFFICE USE ONLY! DO NOT COMPLETE ANY OF THESE SECTIONS!**

Date application received: \_\_\_\_\_ ID Copy: Y / N

Services at location:  Gas  Water  Sewer

Deposits: Gas Billed / Waived

Crooks specific: Advised about pet tags? Advised about building permits?

Staff initials: \_\_\_\_\_