# CITY OF CENTERVILLE WATER/SEWER ACCOUNT

TENANT OUT	DATE OUT		
NAME	OWNER: YESNO		
	METER READING		
BILLING ADDRESS			
TENANT IN	DATE IN		
NAME	OWNERTENANT		
ADDRESS	DATE OF BIRTH		
BILLING ADDRESS			
	SECONDARY		
EMAIL ADDRESS	EMPLOYER		
NUMBER OF PEOPLE LIVING AT RESIDENCE_	AT RESIDENCE INTERESTED IN AUTO PAY		
NAMES OF THOSE AUTHORIZED TO PAY ON	THIS ACCOUNT		
Applicant's Signature	Date		
PROPERY OWNER  The anademic and hereby represents that he/she in the			
same is the being rented to the applicant above name Centerville City Ordinances Titles 13 and 14, the und	dersigned agrees to act as suret	the provisions of y, and to guarantee	
same is the being rented to the applicant above name	d, and that in accordance with dersigned agrees to act as suret applicable Centerville Ordinand	the provisions of y, and to guarantee	

## Welcome to Centerville

#### **Local Service Providers/Utilities**

• Electric:	X-Cel Energy	800-895-4999	
<ul><li>Water/Sewer:</li></ul>	City of Centervill	le605-563-2302	
• Telephone/Internet:	Fort Randall	605-563-2863	
	Vast	877-633-4567	
• Gas:	MidAmerican	888-427-5632	
• Garbage:	Vermillion Service	ce605-677-8501	
_	Novak Service	888-866-2651	
	A-Okay Garbage	605-331-1103	
Pet licensing:	City Hall	\$ 5.00 per pet	
Golf Cart Licensing:	City Hall	\$ 20.00	
City of Centerville Website			
events, businesses, recreational opportunities, city ordinance, city			
council meeting minutes and more. We are proud of our little city on the			
prairie and we invite you to explore this website and find out why.			

Centerville where YOU make a difference!

Never hesitate to give us a call at City Hall if you have any questions.

741 Main Street, PO Box C Hours: Monday- Friday; 8:00a.m. – 5:00p.m. 605-563-2302

### City of Centerville

741 Main PO Box C Centerville, SD 57014

605-563-2302

#### **DIRECT PAYMENT APPLICATION**

I authorize CENTERVILLE, SD to initiate electronic payment of my utility bill.	debit entries to my Checking Account (or) Savings Account for
I acknowledge that the origination of ACH transauthority will remain in effect until I have cance	sactions to my account must comply with the provisions of U.S. law. This elled it in writing.
Customer Name	Service Address
Account	Phone
Signature	Date
Financial Institution (Please Print)	
Financial Institution Routing Number	
m	
Financial Institution City and State	
Please include a voided check.	