**City of Winner**

**325 S Monroe St Suite #118**

**PH: (605) 842-2606**

**South Dakota**

**SUMMER POOL/BULK WATER APPLICATION**

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Accepts: Calls / Texts

(please circle one as your preference)

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

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

Applicant states that their property has a pool that would qualify for the bulk water rates. Applicant understands that this is an annual application and they must apply each year to receive the discounted water rate. An invoice will be sent to the application with the amount of water used and the total due to the City of Winner. Payment must be made before the due date to be eligible for future bulk water rates.

**BY SIGNING BELOW, APPLICANT UNDERSTANDS THAT IF APPLICATION IS APPROVED, ANY FAILURE BY APPLICANT TO ADHERE TO ANY/ALL CONDITIONS OF APPROVED OR UPDATED PAYMENT PLAN WILL RESULT IN IMMEDIATE TERMINATION OF PAYMENT PLAN. APPLICANT WILL THEN BE SUBJECT TO ALL FEES ASSOCIATED WITH PAST DUE ACCOUNTS, INCLUDING, BUT NOT LIMITED TO, LATE FEES AND IMMEDIATE TERMINATION OF SERVICE. (FAILURE TO SIGN WILL VOID APPLICATION)**

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Applicant Signature Applicant Printed Name Date

\*Reverse is office use only unless terms require modification, in which case it will be returned to applicant for further signatures\*

*FOR OFFICE USE ONLY:*

Application Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE: (all that apply)

APPROVED

DENIED\* FORWARDED TO UTILITY COMMITTEE FOR CONSIDERATION\*\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Winner Finance Officer Signature Applicant Signature

(only required with updated terms)

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