



CITY OF SPEARFISH WATER SERVICES AGREEMENT APPLICATION

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PLEASE COMPLETE ALL INFORMATION REQUIRED BELOW AND RETURN TO:

City of Spearfish
Building and Development, 2nd Floor City Hall
625 Fifth Street
Spearfish, SD 57783

Applicant Name (*please print*): _____

Phone Number: _____ Email Address: _____

Printed name and title (if signing on behalf of an LLC, corporation etc.) of the person who will sign the Agreement:

Name: _____ Title: _____

Address where water service is requested: _____

Size of water service to be provided at the above address: _____

IN ADDITION TO THIS COMPLETED APPLICATION, APPLICANT MUST PROVIDE THE FOLLOWING:

- 1) \$200 Application Fee - check payable to City of Spearfish.
- 2) Scaled drawing indicating the size and location of the water service line

Applicant Signature

Date