

## Utility Billing Services

**Forward your completed Application for Utility Services to:**

City of Golden Valley  
PO Box 98  
Golden Valley, ND 58541

Phone: 701.983.4488  
Email: [goldenvalleynd@gmail.com](mailto:goldenvalleynd@gmail.com)

### APPLICATION FOR UTILITY SERVICES (PLEASE PRINT)

Today's Date: \_\_\_\_\_ Existing Account Number: \_\_\_\_\_  
(if applicable)

Date of Service Connection: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

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

Last 4 digits of SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

(In order to prevent and mitigate ID theft and in compliance with the Fact Act of 2003 it is essential that every written communication, including emails, received by the Utility Billing Division contains the last four digits of the account holder's social security number or the tax identification number. In the event that a staff member within the Utility Billing Division needs to call to obtain additional information, such as the full social security number to validate identity, you must also provide a daytime telephone number.)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse / Additional Contact Person: \_\_\_\_\_

**If you do not own the property at this service address, please complete the following:**

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please note a \$100.00 refundable deposit is required when you DO NOT own the property (renting). It is due with this application.**