



CITY OF OAKLAND
 401 N. Oakland Ave
 Oakland, NE 68045
cityfoaklandne@gmail.com
www.ci.oakland.ne.us
 Phone 402-685-5822/Fax 402-685-5853

ACCT # _____

Application for Water/Sewer/Trash Service

<input type="checkbox"/> Paid Application Fee \$150.00	<input type="checkbox"/> Copy of Applicant's Photo ID (Driver's License)
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Service Start Date: _____
 Name: _____ Spouse's Name: _____
 Address Moving to: _____
 Mailing Address: _____
 Home Phone: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____
 Spouse's Employer: _____ Work Phone: _____
 Previous Address: _____

I hereby make this application for water, sewer, and trash service at the above service address and agree to abide by all the rules and Regulations of the City of Oakland now in force, or hereafter to be affixed by the City, relating to the operations of its water, sewer, and trash services; and to pay all bills for services received, used or wasted at the address during the period of this contract. This agreement to be in effect for the date below to the date service is discontinued upon my request or for other reasons by the City. *As a renter*, I understand that my \$150.00 deposit is held on account until I relocate. At such time the deposit will be used to pay any delinquent or final bills, if any amount is left over after that, it will be refunded to me. I understand that the service bill is mailed monthly on or as near to the 1st of the month as practical. PAYMENT is DUE upon RECEIPT and DELINQUENT on the 22nd of the Month. Past Due notices are not sent. *When a bill becomes delinquent a final notice is sent and service will be disconnected as outlined in the notice.* **Customer agrees to notify the City Clerk when service is no longer desired.** (REF. 17-537 RS Neb)(Ordinance 639 and 3-106)

***CUSTOMER HAS RECEIVED A COPY OF THE CITY OF OAKLAND WATER AND SEWER POLICIES & CONDITIONS.**

SIGNATURE _____ DATE _____

- Renters Deposit Fee \$150.00-PAY AT TIME OF APPLICATION
- Landlords Deposit Fee \$150.00 – PAY AT TIME OF APPLICATION
- Owner Deposit Fee \$150.00- PAY AT THE TIME OF APPLICATION

If Renting:

Landlord's Name: _____
 Landlord's Signature: _____
 *Landlord must sign written consent for utility service and must be notified in case of disconnection of service.
 Landlord's Phone Number: _____

IF YOU WISH TO DESIGNATE A "THIRD PARTY" TO BE NOTIFIED IN CASE OF DISCONNECTION OF SERVICE, PLEASE INDICATE. IT WILL BE NECESSARY FOR YOU TO INFORM THIS PERSON THAT HE/SHE IS YOUR "THIRD PARTY".

Name: _____
 Address: _____ Phone: _____

DO NOT WRITE BELOW THIS AREA – TO BE FILLED OUT BY OFFICE PERSONNEL ONLY

Account Information	Maintenance	Summit
Previous Account #: _____	Date service on: _____	
New Account #: _____	Meter Reading #: _____	Signature: _____
Payment Amount: _____	Read By: _____	