

New Account #:

Payment Amount:

|--|

Application for Water/Sewer/Trash Service

□ Paid App	olication Fee \$ <u>150.00</u>	Copy of Applicant	t's Photo ID (Driver's License)	
Service Start Date:				
Name:		Spouse's Name:		
Address Moving to:				
Mailing Address:				
		Cell Phone:		
Employer:	W	Work Phone:		
Spouse's Employer:		Work Phone:		
Previous Address:				
bills for services received, used or wast discontinued upon my request or for oth deposit will be used to pay any delinque monthly on or as near to the 1- of the m	ed at the address during the period of the reasons by the City. As a renter ent or final bills, if any amount is less onth as practical. PAYMENT is Definal notice is sent and service will 37 RS Neb)(Ordinance 639 and 3-1).	of this contract. This agreement, I understand that my \$150.00 deft over after that, it will be refund UE upon RECEIPT and DELING to disconnected as outlined in the 106)	tions of its water, sewer, and trash services; and to pay all to be in effect for the date below to the date service is posit is held on account until I relocate. At such time the ded to me. I understand that the service bill is mailed QUENT on the 22 nd of the Month. Past Due notices are not the notice. Customer agrees to notify the City Clerk when NS.	
SIGNATURE DATE				
☐ Landlords Deposit Fee	150.00-PAY AT TIME OF AP \$150.00 – PAY AT TIME OF .50.00- PAY AT THE TIME OF	APPLICATION		
Landlord's Name:				
Landlord's Signature:				
*Landlord must sign written conse	nt for utility service and must b	e notified in case of disconne	ection of service.	
Landlord's Phone Number IF YOU WISH TO DESIGNATE A "THIRE INFORM THIS PERSON THAT HE/SHE IS	PARTY" TO BE NOTIFIED IN CASE		CE, PLEASE INDICATE. IT WILL BE NECESSARY FOR YOU	
Name:				
Address:		Phone:		
DO NOT WRITE BELOW THIS AREA – TO) BE FILLED OUT BY OFFICE PERSO	DNNEL ONLY		
Account Information		Maintenance	Summit	
Previous Account #:	Date service on:			
			Signature:	

Meter Reading #:

Read By: