

CITY OF FORT CALHOUN  
110 South 14<sup>th</sup> Street  
Fort Calhoun, Nebraska 68023  
Phone 402-468-5303 & 5305 Fax 402-468-5399

# \_\_\_\_\_

**Application for Water/Sewer Service**  
APPLICATION PROCESSING FEE \$7.50  
\_\_\_ Prepay or \_\_\_ Bill Me

Move-In Date: \_\_\_\_\_ email address: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address Moving to: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ living at this residence.

Number of Bedrooms \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Utility: \_\_\_\_\_

If Renting – Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

**FOR NEW SERVICE LOCATIONS**

Legal Description: \_\_\_\_\_

Plumber: \_\_\_\_\_

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: \_\_\_\_\_

The undersigned Customer requests the Public Works Department of the City of Fort Calhoun, Nebraska, to furnish the following service/services: WATER  / SEWER , and for such service, Customer agrees to pay the City of Fort Calhoun's rates as amended from time to time and filed with the City Council. Customer agrees that service will be furnished as required by City Ordinances and the Service Policies and Conditions of the Water and Sewer Departments as amended from time to time and filed with the City Council. Customer agrees to notify the City Clerk when service is no longer desired.

CUSTOMER HAS RECEIVED A COPY OF THE FORT CALHOUN WATER AND SEWER POLICIES & CONDITIONS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_