

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

**Application for (Residential) Water/Sewer Service**

**Payment Due With Application Submission (Exact Cash Amount or Check Only)**

Application Processing Fee **\$10.00**

Request for Service On **\$50.00**  
 (Water previously turned off at curb stop)

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 \_\_\_\_\_

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

Account Information	Maintenance	Summit
Previous Account #: _____	Date service on: _____ <b>This area is for property with water off at the curb stop.</b>	S.O. Process Date: _____
New Account #: _____	Meter Reading #: _____	Signature: _____
Payment Receipt #: _____	Read By: _____	