

CITY OF FORT CALHOUN
110 South 14th Street
Fort Calhoun, Nebraska 68023
clerk@fortcalhoun.org
Phone 402-468-5303/Fax 402-487-0694

COMMERCIAL/BUSINESS
WATER & SEWER APPLICATION

- ☐ Paid Application Fee **\$15.00**
☐ Add Application Fee to first bill

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

Move-in date: _____ Business Name: _____

Business Property Address: _____

Mailing Address: _____

Email address: _____

Phone: _____ Alternate Phone: _____ Fax: _____

Business Structure: __Individual __Corporation __Partnership __LLC __LLP/LP __Other

Years in Business: _____

Credit References:

Company	Address	Phone	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The undersigned authorizes the City of Fort Calhoun to obtain information about the undersigned from any credit-reporting agency; hereby authorizes the above named Bank and Trade References to release such information as is necessary to establish credit with the city.

SIGNATURE _____ DATE _____

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. **Terms of Account(s) are outlined in the Water and Sewer Chapters of the City of Fort Calhoun Municipal Code.**

*Customer has received a copy of the Fort Calhoun Water/Sewer policies and conditions.

SIGNATURE _____ DATE _____

If Renting: **Renters Deposit Fee \$100.00-PAY AT TIME OF APPLICATION**

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: _____ Phone: _____

Address: _____

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

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

