

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

**COMMERCIAL/BUSINESS**  
**WATER & SEWER APPLICATION**

<input type="checkbox"/> Paid Application Fee <b>\$15.00</b> <input type="checkbox"/> Add Application Fee to first bill	<input type="checkbox"/> Request for Service On <b>\$50.00</b> (Water previously turned off at curb stop)
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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: _____ <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: _____	

