

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

RESIDENTIAL
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: _____ E-mail address: _____
 Name: _____ Spouse's Name: _____
 Address Moving to: _____
 Mailing Address: _____
 Home Phone: _____ Cell Phone: _____ Cell Phone: _____
 Number of Adults ___ Number of Children ___ (living @ residence) Number of Bedrooms ___
 Employer: _____ Work Phone: _____
 Spouse's Employer: _____ Work Phone: _____
 Previous Address: _____

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/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: _____
 Address: _____ Phone: _____

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: _____	