



Service Application Nebraska City Utilities

100 Central Ave, PO Box 670
Nebraska City, NE 68410

TYPE OF SERVICE:

NEW:

EXISTING:

DATE:

ACCOUNT #:

APPLICANT IS: OWNER: TENANT: CONTRACTOR: EFFECTIVE DATE:

PROPERTY ADDRESS: CITY:

PRIMARY APPLICANT'S NAME: HOME PHONE #:

MAILING ADDRESS: CELL PHONE #:

CITY: STATE: ZIP CODE:

SSN #:

DRIVER'S LICENSE #: STATE: DATE OF BIRTH:

EMPLOYER: WORK PHONE #:

EMAIL ADDRESS:

SECONDARY APPLICANT'S NAME: HOME PHONE #:

SSN #: CELL PHONE #:

DRIVER'S LICENSE #: STATE: DATE OF BIRTH:

EMPLOYER: WORK PHONE #:

EMAIL ADDRESS:

DEPOSIT AMOUNT:

OR LETTER OF GOOD CREDIT FROM PRIOR UTILITY FOR RESIDENT CUSTOMERS ONLY (WE RESERVE THE RIGHT TO CHARGE A DEPOSIT)

SPECIAL REMARKS:

STATEMENT OPTIONS: PAPER STATEMENT: ELECTRONIC EMAIL STATEMENT:

AUTO PAYMENT OPTIONS: BANK WITHDRAWAL ACH:

SERVICE TO RENTED PREMISES: In the event my service is scheduled to be disconnected for non-payment of bills rendered to me. I hereby recognize the right of Nebraska City Utilities to notify the owner of the premises of such action. I also recognize that I may be charged an additional deposit if my service is disconnected because of non-payment.

PRIMARY APPLICANT'S NAME: DATE:

PRIMARY APPLICANT'S SIGNATURE:

SECONDARY APPLICANT'S NAME: DATE:

SECONDARY APPLICANT'S SIGNATURE: