

Village of Clearwater
626 Main St., PO Box 116
Clearwater, NE 68726
www.clearwaterne.com



402-485-2365
clerk@clearwaterne.com

UTILITY APPLICATION

Water, Sewer, Trash

The undersigned requests utility services be provided to the following address and the account billed to the name given.

Today's date: _____ Service start date: _____

Applicant name: _____ Second applicant: _____

Service address: _____ Mailing address: _____

Primary phone: _____ Alternate phone: _____

Email: _____ Paper or email bill preference: _____

Driver's license number, state and expiration: _____

Previous address: _____

Current employer name and phone number: _____

Emergency contact name: _____ Phone: _____

Third-party notification: The Village may notify the landlord or third-party listed of any proposed discontinuance of utility services. Initials: _____ Landlord name: _____

Mailing address: _____ Phone number: _____

1. I agree to pay monthly utility bills in full or contact the village clerk to make payment schedule arrangements. I understand that payment is due the first of every month and that late fees are applied after the fifth. I understand that if I fall two months behind on payments, service will be discontinued if not paid by the 20th and I will be subject to reconnect fees of \$25 upon payment.
2. I understand that the deposit will be held until I move and that it may be used for any balance still due upon termination. The remainder of the deposit will be returned once the account balance is zero.
3. I understand that I will need to provide a forwarding address when moving.
4. I understand that this deposit is only valid for the current address and a new application will be required when moving to a new property in the village limits. I may request that the deposit be transferred, or be returned and a new deposit made.

Applicant signature: _____ Printed name: _____

Second Applicant signature: _____ Printed name: _____

FOR OFFICE USE ONLY

Deposit amount: **\$150.00** Paid: **cash or check** Deposit date: _____

Copy of driver's license received: _____ Account number: _____

Clerk signature: _____ Date: _____