

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



402-485-2365  
clerk@clearwaterne.com

# UTILITY TERMINATION REQUEST

## Water, Sewer, Trash

The undersigned requests utility services be terminated for billing purposes to the address listed.

Today's date: \_\_\_\_\_ Service end date: \_\_\_\_\_

Resident name: \_\_\_\_\_ Service address: \_\_\_\_\_

Forwarding address: \_\_\_\_\_

**Initial if the property will be vacant for an extended period of time requiring water to be disconnected and trash service halted. The village is not responsible for any damage caused by water disconnection. Initial: \_\_\_\_\_**

1. I understand that I am responsible for all remaining balances on the account and that the deposit will be used to pay all or part of any remaining balances or fees associated with closing the account.
2. I understand that I am responsible for paying off any amount owed above the \$150 deposit.
3. I understand that I will not receive a deposit refund if the amount owed to the village is more than the deposit.
4. I understand that I will not receive a deposit refund until the account balance is zero.
5. I understand that I must provide a forwarding address to receive any final bills and deposit refund. I understand that the village has 45 days to finalize the account and return the deposit.
6. I understand that I should let the clerk know who will be responsible for the account once terminated (i.e. landlord, new owner).

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

### FOR OFFICE USE ONLY

Original deposit amount: **\$150.00** Account number: \_\_\_\_\_

Amount kept to pay off balance: \_\_\_\_\_ Amount of deposit returned: \_\_\_\_\_

Date returned: \_\_\_\_\_ Check #: \_\_\_\_\_

Deposit return mailed or hand-delivered: \_\_\_\_\_ Service disconnect date: \_\_\_\_\_

Payment history: \_\_\_\_\_

Clerk signature: \_\_\_\_\_ Date: \_\_\_\_\_