



110 S 14th St. | Fort Calhoun, NE 68023 | 402-468-5303 | fortcalhoun.org | clerk@fortcalhoun.org

**RESIDENTIAL WATER & SEWER APPLICATION**

Paid Application Fee \$20.00  
 Add Application Fee to first bill

Request for Service On \$50.00  
 (Water previously turned off at curb stop)

Move-In Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ E-mail or paper bill? \_\_\_\_\_  
 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: _____	