



Utility Service Application

Office use:
Account # _____

Name: _____ Date: _____

Co-Applicant: _____

Utility Billing Physical Address: _____

Utility Billing Mailing Address: _____

Home Telephone: () _____ - _____ Alternate Telephone: () _____ - _____

E-Mail Address: _____

Previous Address: _____

Beginning Date of Service: _____

- A \$150.00 deposit is required for all accounts. (cash or check only)
- If the deposit for the account is paid by a 3rd party, the deposit will be refunded to the individual named above after 12 months of prompt payment history.

If inhabiting a rental property:

Landlord's Name: _____

Landlord's Telephone: _____

Landlord must sign written consent for utility service and must be notified in case of disconnection of service.

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 OR SHE IS YOUR "THIRD PARTY."

NAME: _____

ADDRESS: _____

PHONE: _____

The undersigned customer requests the City of Springfield to furnish both water and sanitary sewer service. For such service, Customer agrees to pay the City of Springfield water and sanitary sewer rates as amended from time to time and filed with the City Clerk. Customer agrees that service will be furnished as required by City Ordinances and the Procedural Policies of the City of Springfield as amended from time to time and filed with the City Clerk. **Property that has one shut off to the entire building with multiple meters is subject to disconnect if landlord/other tenant defaults on payment.** Customer agrees to notify the City of Springfield when service is no longer required. Customer waives their right to confidentiality regarding notice of any disconnection of services to their Landlord on rental property.

Applicant Signature: _____ Date: _____

Co-Applicant Signature _____ Date: _____

Landlord Signature: _____ Date: _____

P.O. Box 189 ~ 170 North 3rd Street ~ Springfield, NE 68059
Phone (402) 253-2204 ~ Fax (402) 253-2204
springfieldne.org

Office Use:
\$150 Deposit Received? Yes No
Date: _____ Check # _____ Cash _____
Posted UB ___ PT ___ initial _____