

Account # \_\_\_\_\_  
 Prorate: \_\_\_\_\_  
 Final Meter Reading:  
 \_\_\_\_\_

**CITY OF OSCEOLA**  
 350 N. State, PO Box 701  
 Osceola, NE 68651  
 402-747-3411

**REQUEST FOR UTILITY SERVICE**

Name(s) of Responsible Party(ies): \_\_\_\_\_

Name of Other Adult Residents: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Water To Be Turned On: \_\_\_\_\_

Time of Day Someone Will Be There: \_\_\_\_\_

Rental or Bought: If Rental, Owner of Property: \_\_\_\_\_

Date & Amount of Deposit Paid: \_\_\_\_\_ Compactor Card Given: YES NO  
 Check # \_\_\_\_\_ Cash \_\_\_\_\_

Do You Own a Dog or Cat: \_\_\_\_\_ You will be required to license it/them within 14 days from the time you move into town. Proof of rabies from the vet will be required.

I/we understand a \$ 150.00 deposit is due immediately to start City Utility Services and the failure to provide the deposit will result in an incomplete application and an automatic denial of service. The deposit may be returned 30 days after you end your services. I/we understand any charges for services that are unpaid on my/our account will be paid with the deposit before any portion of the deposit is returned. **I/we understand I/we are responsible for paying for utilities until I/we notify the City in writing of the change in utility services.** (This means if you call the clerk in June and state that you haven't used services since March, you will still need to pay for services thru June.) Contracts with the City of Osceola are nontransferable. Any customer of the City wishing to change from one location to another shall make a new application and sign a new contract.

Past Due Bills: I/We understand that my utility bill is due upon receipt. If my bill is not paid on the 15<sup>th</sup> of the month, the City will charge an 10% penalty charge assessed on the 16<sup>th</sup> of the month. All past due services will be shut off on the 7 business days from the 16th. There is a \$30.00 reconnect fee for all turned off services.

\_\_\_\_\_  
 Signature of Applicant(s) Date

\_\_\_\_\_  
 City Employee Date

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**Utility Office Use:**

MOVE IN Completed \_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_