

Account # _____
 Prorate: _____
 Beginning Meter
 Reading: _____

CITY OF OSCEOLA
 350 N. State, PO Box 701
 Osceola, NE 68651
 402-747-3411 Fax: 402-747-8191

REQUEST FOR UTILITY SERVICE

Name(s) of Responsible Party(ies): _____

Name of Other Adult Residents: _____ Email Address: _____

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: _____ Check # _____ Cash _____

In Case of Emergency: Notify _____ Phone: _____

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.

Deposit of \$150.00 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 15th of the month, the City will charge an 10% penalty charge assessed on the 16th 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

Utility Office Use:

MOVE IN Completed: _____ By: _____ Date: _____

WELCOME PACKET & COMPACTOR CARD Given: _____ By: _____ Date: _____