



David City Utilities

Application for Utilities

Electric-Water-Sewer

Read-In Date: _____

Date: _____

Name: _____

Service Address: _____

Mailing Address: _____

Phone Number (Cell) _____ (Work) _____

Name of Property Owner: _____

Rent Home/Business Y or N Own Home/Business Y or N

E-mail address: _____

Driver's License No.: _____ Date of Birth: _____

Social Security Number: _____

In Case of Emergency Notify: _____ Phone: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Date lived there from _____ to _____

Previous Employer: _____

Current Employer: _____

Third Party Notification

According to Nebraska State Statute 70-1607, you have the right to list a Third Party on your record. The City may notify my landlord or the third party listed below of any proposed discontinuance of Utility services. _____ (Initials)

Name: _____ Address: _____ Phone: _____

A \$300.00 deposit is required for all new customers. This deposit will be returned after two years without a delinquent bill or when the customer moves out of town. It is the CUSTOMERS' responsibility to inform the Utility Office of beginning and ending dates of Service. I understand all of the customer requirements and agree to pay all charges billed in my name.

Utility Deposit Payment

Date: _____

Amount Paid: _____

Check: _____

Cash: _____

Applicant's Signature

City Employee's Signature

OFFICE USE ONLY!

_____ Copy of Driver's License

_____ Service Deposit Receipt

_____ Move In/ Move Out

If Customer Moved out :

_____ Final Bill Date: _____