

CITY OF CHADRON UTILITY SERVICE START UP ORDER

Name _____

First Middle Last

SSN _____ Dr. License # _____ - _____

(State)

Service Address _____ Mailing Address _____

Phone # _____

Email Address _____ Email Bill? Yes No

Current Employer _____ Work Ph. # _____

Rent or Own-If Rent, Name of Landlord _____

If Own, is this property a rental? Yes No (If Yes, Landlord Agreement needs filled out.)
See A and B

Have you ever had utilities with the City of Chadron before? Yes No

Automatic Bank Payment by Check: Yes No OR Credit Card: Yes No
(If yes, a separate form will need to be filled out.) See C and D

Contact person in case of utility emergency: (who does not live in same household)

Name _____ Phone # _____
First Last

Date Service Requested _____ Given UB Info Sheet _____

Signature _____ Date _____

For Office Use Only
Deposit Required Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____

Service Termination

Name _____

Property Address _____

Forwarding Address _____
for Final Billing

Phone # _____

Date for Final Reading _____ Account # _____

Deposit Refunded _____ Deposit Applied _____

APPLICATION AND CONTRACT FOR WATER SERVICE

Date _____, 20_____

To the Chadron Public Works Division: I hereby make an application for Water, Sewer, and Trash service at

_____ Street

I agree to abide by all of the rules and regulations of the Public Works Division now in force, or hereafter to be by the Public Works Division, relating to the operation of the Utilities and to pay all bills for Water, Sewer, and Trash at the above address during the period of the contract.

I will pay all necessary connection fees and costs as well as guarantee deposit fees if required.

I further agree that neither I nor anyone on my behalf nor any member of my family or occupant of the premises will alter, change, or modify any of the city's service leading to my property and I agree still further to hold and save the municipal corporation harmless with respect to any claim or claims arising out of damage occurring as a result of any change or alteration which might be made without the consent and knowledge of the proper authority of said city.

This agreement to be in effect from the date hereof to the date service is discontinued upon my request or for other reasons by the Public Works Division.

NOTE: By signing this contract, I acknowledge that the property owner will be notified if the tenant(s) are 60 days delinquent in the payment of their water rent. (Per State Statute 16-682)

Signed: _____

Account Number: _____