No._____

APPLICATION FOR RESIDENTIAL UTILITY SERVICE
FALLS CITY UTILITIES

2307 Barada St.
Falls City NE 68355
402/245-2724

Service Address: _____ ___Rent __Own Date requested for Utility Service to start: _____

Tenant: _____ Co-tenant: _____
Last First MI Last First MI

Social Security #(last 4 digits)_____ Social Security #(last 4 digits)_____

Home Phone #: _____ Work Phone #: _____ Cell Phone # _____

Name & Address of Previous Utility Provider _____

Emergency Contact: _____
Name Address Phone #

Medical Necessity?_____ If, Yes, what is the need?_____

Landlord: _____ Mailing Address: _____ # Living at Residence: _____

Service Charge: $_____

Deposit Amount $_____

Past Due Amount $_____
Amt. Verified ☐

Total Paid $_____
(All lines shall be filled in)
Date: _____ Int.:_____

Driver's License Information

State_____ #_____
Expires_____ DOB _____
Signature verified_____

(Attach copy of ID here)

Deposits are kept for a period of two (2) years with monthly utility bill payments being made on or before the 15th of each month. If one payment is delinquent, the two year period will start again.

Statements are sent by the 1st day of each month.

Payment is due on the 1st day of the month and is delinquent after 5:00 pm on the 15th day of the month. All balances after 5:00 pm of the 15th day of the month are considered past due and assessed a 5% penalty.

A "Service Disconnect" notice is sent to all past due accounts stating the final date that payment must be made in order to avoid disconnection. Any payment received after 5:00 pm of the final due date on the disconnection notice will pay the disconnection fee.

If a disconnection occurs, reconnection may be made during regular business hours upon payment of the account in full and the standard reconnection charge plus a payment to bring the deposit up to the current deposit requirement. After hours, on weekends and holidays, you may call 402/245-3521; upon payment of the account balance, any deposit, and twice the standard reconnection charge amount, service will be restored.

In the event service is to be disconnected, prior to disconnection, the Utility Office shall have the right to notify the property owner of such action. The property owner shall have the right to transfer the utility account into the owner's name.

I agree to abide to the terms of service as set forth in this application and all ordinances and policies as set forth by the Board of Public Works and the City of Falls City. I further agree to notify the Utility Office at 402/245-2724 when service is no longer needed.

_____ _____
Signature Signature

_____
Date

Office Use Only

Previous Customer Yes_____ No_____ Supervisor Review_____ (int.)

Payment Method Cash _____ Check #_____ _____
Bank Name/Address