

CITY OF WISNER
1111 Ave E PO Box 367
Wisner, NE 68791-0367

Cust. # _____

APPLICATION FOR UTILITY SERVICE

Date Moving In: _____ E-Mail Address: _____

Applicant Name: _____ **Co-Applicant Name:** _____

Address Moving to: _____

Mailing Address: _____

Applicants SSN (optional): _____ Co-Applicant SSN (optional): _____

Home/Cell Phone: _____ Home/Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

If you will be renting, please list Landlords name: _____

Landlord's Phone Number: _____

Applicants Previous Address: _____

Previous Utility Provider: _____

IF YOU WISH TO DESIGNATE A "THIRD PARTY" TO BE NOTIFIED IN CASE OF DISCONNECTION OF SERVICE, PLEASE INDICATE. IT WILL BE NECESSARY FOR YOU TO INFORM THIS PERSON THAT HE/SHE IS YOUR "THIRD PARTY."

NAME: _____ Address: _____

PHONE: _____

The undersigned Customer requests the City of Wisner, Nebraska, to furnish the following service/services: Electric____ Water____ Gas____ Wastewater____ Dump____; and for such service the Customer agrees to pay the City of Wisner's rates as amended from time to time by City Ordinance. Customer agrees that service will be furnished as requested by City Ordinances and the Service Policies and agrees to notify the City of Wisner when service is no longer desired.

SIGNATURE _____

Remarks: (for office use only)

