

ACCOUNT # \_\_\_\_\_ DEPOSIT AMOUNT \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ GARBAGE CANS AT ADDRESS 1  2

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### CITY OF NEDERLAND UTILITY SERVICE APPLICATION

NAME \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS NAME (COMMERCIAL ONLY) \_\_\_\_\_ EIN # \_\_\_\_\_

NEW SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
street address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ DL # \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ALT CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

LANDLORD'S NAME (IF APPLICABLE) \_\_\_\_\_ PHONE \_\_\_\_\_

In accordance with Sec. 182.052 of the Utility Code you have a right to request that your personal account information be kept confidential. If you would like your information to remain confidential, please initial. \_\_\_\_\_.

**NOTICE: THE CITY OF NEDERLAND WILL NOT BE RESPONSIBLE FOR ANY DAMAGE INCURRED BECAUSE OF LEAKS OR OPEN FAUCETS AT THE TIME SERVICE IS TURNED ON AT YOUR METER. PLEASE VERIFY ALL FAUCETS ARE OFF ON THE DATE WATER SERVICE IS TO BE ESTABLISHED.**

\_\_\_\_\_  
DATE TO START SERVICE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED