

FOR OFFICE USE ONLY
ACCT# _____
FINAL READ CARD: _____
DEPOSIT BILLED
EBILL
INITIALS: _____



City of Gretna
204 N. McKenna Ave
PO BOX 69
Gretna, NE 68028
402-332-3336

APPLICATION FOR WATER/SEWER

PHYSICAL ADDRESS FOR SERVICE:

**A \$75.00 DEPOSIT WILL BE APPLIED ON ALL ACCOUNTS
SERVICE START DATE: _____**

SUBDIVISION NAME: _____

EXISTING **NEW CONSTRUCTION**

APPLICANT INFORMATION:

NAME: _____

EMAIL: _____

WOULD YOU LIKE TO RECEIVE BILLS VIA EMAIL YES _____ **NO** _____

DRIVERS LICENSE# _____ **STATE** _____ **EXP DATE** _____

MAILING ADDRESS: _____

TELEPHONE: _____

CO-APPLICANT INFORMATION:

NAME: _____

DRIVERS LICENSE# _____ **STATE** _____ **EXP DATE** _____

MAILING ADDRESS: _____

TELEPHONE: _____

CONTACT INFORMATION

EMPLOYER: _____ **TELEPHONE:** _____

EMERGENCY CONTACT: _____ **TELEPHONE:** _____

(someone outside the home)

LANDLORD INFORMATION: _____ **TELEPHONE:** _____

I/we hereby apply for utility services for the premises listed above pursuant to the rules and regulations of the City of Gretna. I acknowledge that all statements given are accurate to the best of my knowledge. I agree to pay all bills rendered to the City until I/we give notice to the Utility Billing Clerk to discontinue service and I/we agree that late penalties will be assessed on any unpaid balances after the due date shown on the bill.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

MUST APPLY IN PERSON