



City of Gretna
204 N. McKenna Ave
P.O. Box 69
Gretna, NE 68028
402-332-3336

BUSINESS APPLICATION FOR WATER/SEWER

LOCATION OF PROPERTY: _____

SERVICE START DATE: _____

APPLICANT INFORMATION

NAME OF BUSINESS: _____

POINT OF CONTACT _____

EMAIL: _____ TELEPHONE: _____

MAILING ADDRESS FOR BILL: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

EMAIL _____ TELEPHONE _____

A 75.00 deposit will be applied on all accounts. If customer moves out of residence within one year, the deposit fee will be applied to any unpaid balance on account.

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: _____

DATE: _____