

Customer Name:
Account Number:

P.O. BOX 1059 • 505 WEST C • McCook, NE 69001-1059 • PHONE (308) 345-2022 • FAX (308) 345-1461

## **APPLICATION FOR UTILITY SERVICE**

Service Start Date: Service Address:	If Rental Property: *We reserve the right to notify your landlord if your payment is delinquent. Deposits will not be refunded until tenant moves out and final bill is paid in full. No letters of credit are accepted for tenants.  Landlord: Phone:
ACCOU	NT HOLDER INFORMATION
PRIMARY ACCOUNT HOLDER:	OTHER RESPONSIBLE PARTY:
Primary Name:	ORP Name:
SSN Last 4:	SSN Last 4:
Mailing Address:	Cell Phone:
	Employer:
Home Phone:	Work Phone
Cell Phone:	OTHER RESPONSIBLE PARTY:
Employer:	ORP Name:
Work Phone:	
email Address:	Cell Phone:
Previous Address:	Employer:
	Work Phone
If you wish to designate a "Third Party" to be notified in case of D	HIRD PARTY NOTIFY Disconnection of Service, please indicate below. It will be necessary for you to inform this person that he/she is your "Third Party".
Third Party Name:	Phone:
required deposits, fees and rates as amended from time to time and Ordinances and the Service Policies and Conditions of the McC	ies to furnish Water, Sewer, Trash Collection and Recycling. The Customer agrees to pay the and filed with the City Council. Customer agrees that service will be furnished as required by City Cook Utilities as amended from time to time and filed with the City Council. Customer agrees to book Utilities when service is no longer desired.
Customer has received a copy of the "SER\	/ICE
POLICIES & CONDITIONS".	
Signature:	Residents: Entered:
Denosit: Letter of Credit:	Good Transfer