



CITY OF NEVADA

WATER & SEWER APPLICATION

Please returned the completed form with a valid photo identification to Nevada City Hall, 1209 6th Street, Nevada Iowa

DATE MOVED IN: _____ ACCOUNT # _____ CUSTOMER# _____

NAME: _____
LAST FIRST MIDDLE INITIAL

EMPLOYER: _____

IDENTIFICATION VERIFICATION: Y N

SERVICE ADDRESS: _____
NUMBER STREET APT #

MAILING ADDRESS: _____
(IF DIFFERENT) NUMBER STREET APT# PO BOX

_____ CITY STATE ZIP CODE

PHONE: (H) _____ (W) _____

PREVIOUS ADDRESS: _____

PREVIOUS UTILITY: _____

SPOUSE'S NAME: _____
LAST FIRST MIDDLE INITIAL

OTHER OCCUPANTS: _____
DO NOT LIST MINORS

OWN: _____ RENT: _____ (IF RENTING PLEASE PROVIDE THE FOLLOWING INFORMATION.)

LANDLORD NAME: _____ PHONE: _____

THE UNDERSIGNED CUSTOMER AGREES TO COMPLY WITH CITY CODE GOVERNING UTILITY MANAGEMENT.

IF THIS IS AN APPLICATION BY AN EXISTING OR FORMER CUSTOMER OR OCCUPANT, THE CUSTOMER AGREES THAT ANY BALANCE DUE THE CITY BY THE CUSTOMER OR OTHER OCCUPANT AT THE SAME ADDRESS ON A PREVIOUS OR EXISTING WATER AND SEWER ACCOUNT WILL BE ADDED TO THE BILL FOR THE NEW SERVICE WHICH THE CUSTOMER AGREES TO PAY.

SIGNATURE: _____ DATE: _____

DEPOSIT AMOUNT: _____ RECEIPT DATE: _____ RECEIPT #: _____