



City of Waverly

14130 Lancashire Street, P.O. Box 427, Waverly, NE 68462
Phone: 402-786-2312 Fax: 402-786-2490 www.citywaverly.com

WATER/SEWER APPLICATION

Service Address: _____ Start Date _____
(start date: first day of your lease, or closing date of your home purchase)

MAILING ADDRESS: (if different) _____

APPLICANT INFORMATION:

NAME: _____ EMAIL _____

PHONE: _____ DRIVERS LICENSE # _____ STATE _____

CO-APPLICANT:

NAME: _____ EMAIL _____

PHONE: _____ DRIVERS LICENSE # _____ STATE _____

REFERENCE/EMPLOYER INFORMATION:

EMPLOYER: _____ PHONE: _____

REFERENCE: _____ PHONE: _____

LANDLORD INFORMATION: (if applicable)

NAME: _____ PHONE: _____

***A \$100.00 deposit is required for all new residential customers.** This deposit may be returned after two years, if no late payments are received and account is in good standing. If customer moves out before two years the deposit may be applied to the final bill.

I hereby apply for Utility Services for the premises listed above pursuant to the rules and regulations of the City of Waverly. I acknowledge that all statements given are accurate to the best of my knowledge. I agree to pay all bills rendered by the City until I give notice to the City to discontinue service and I agree that late penalties will be assessed on any unpaid balances after the due date shown on the bill. (please sign & date below)

APPLICANT: _____ CO-APPLICANT: _____

DATE: _____ DATE: _____

.....
ACCOUNT # _____ BEGINNING READ: _____



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