



# City of Waverly

14130 Lancashire Street, P.O. Box 427, Waverly, NE 68462  
Phone: 402-786-2312 Fax: 402-786-2490 [www.citywaverly.com](http://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: \_\_\_\_\_

**BILL VIA E-MAIL FORM**

(recommended but optional)

Address: \_\_\_\_\_ Utility Account # \_\_\_\_\_  
(if you have an account number, otherwise N/A)

NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

SECOND EMAIL (If you prefer) \_\_\_\_\_

I request the City of Waverly to send my monthly Utility Bill to the E-mail address(es) listed above.  
(signature & date at the bottom of this page)



**ACH BILLING FORM**

(recommended but optional)

*ACH billings are processed on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a weekend or a holiday they are posted on the next BANK business day following the 15<sup>th</sup>.*

NAME: \_\_\_\_\_ Utility Account# \_\_\_\_\_

Address: \_\_\_\_\_

BANK INFORMATION: NAME: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING # \_\_\_\_\_  CHECKING  SAVINGS

I request the City of Waverly to send my monthly utility bills via e-mail and/or process my monthly utility bill payments via a monthly ACH transfer, as outlined above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date