



# 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: \_\_\_\_\_

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