SERVICE APPLICATION

Village of Clarks



PO Box 132 ~ 209 N Green St

Clarks, NE 68628 308-548-2412

APPLICANT			CO-APPLICANT				
DATE OF BIRTH DRIVER'S LICENSE # ADDRESS			DATE OF BIRTH DRIVER'S LICENSE # PHONE				
				PHONE			
				Do you want email bills	?		Do you want ACH payments?
OWNER			EMAIL				
DEPOSIT REQUIRED* \$	5	\$ 150.00	DATE SERVICE CONNECTED				
* Homeowners and business of	owners wit	h prompt payments for 1	2 consecutive months will receive a refund of their deposit.				
* Renters deposit remains unt			·				
PREVIOUS UTILITY REFE							
		ISTUDI D					
NUMBER OF PERSON(S) IN HOU	JSEHOLD					
Village. * All utility service furnished consu Utilities. All meters required for m * All said meters shall be read mor late fee of 25% of the outstanding business day will be the date due. * In the event bills for utility service Reconnect fees are \$50 during nor * The rates to be charged by the V ordinance. * Applicants for utility service may such amount in each case as said V same. * It is understood that this utility d the right to notify owner of said pr	where mete imers of the vieasuring util inthly. All bills balance for e shall not be remal business fillage of Clar be required Village of Clar be required village of Clar toperty wher utility bills w	water system of the Village of City service used by applicant or so for utility service shall be due water/sewer if not paid by that a paid when due, the Village of so hours and \$100 after business ks for utility service sold to conto accompany their application rks Utilities shall determine, take the held indefinitely to guarantee a electric service is delinquent.	sumers of the Village shall be such as the Village Board shall prescribe by resolution or with a service deposit to insure the prompt payment of utility service bills and other charges in ting into consideration the volume of service and the type of metering necessary to measure the payment of any utility bill. If the applicant is renting said property, the utility department has used or Professional Credit Management Services for collection.				
(Date of application)		(Applicant's Signature))				
Deposit Receipt							
Received by:		Amount Paid					
Receipt #		Check #					
ACCOUNT #		-					