SEWARD PUBLIC UTILITIES
RESIDENTIAL SERVICE APPLICATION

NAME OF APPLICANT:_____
LAST, FIRST MIDDLE

CO-APPLICANT_____
LAST, FIRST MIDDLE

MAILING ADDRESS:_____
BOX OR STREET CITY STATE ZIP

SERVICE ADDRESS:_____

APPLICANT	**CO-APPLICANT**
PHONE:RES_____WORK_____	WORK PH:_____
SOCIAL SECURITY #_____	SSN#_____
DRIVERS LICENSE:_____	DL#_____
DATE OF BIRTH_____	DATE OF BIRTH_____
EMPLOYER_____	EMPLOYER_____
EMPLOYER ADDRESS_____	EMPLOYER ADDR:_____

HAVE YOU HAD AN ACCOUNT WITH US BEFORE? IF SO, UNDER WHAT NAME?_____

NAME OF LANDLORD IF RENTING:_____

IN CASE OF EMERGENCY:
NAME/ADDRESS/PHONE _____

DOES ANYONE IN YOUR HOME REQUIRE LIFE SUPPORT SYSTEM? YES ❑ NO ❑

WE UNDERSTAND THAT WE MUST NOTIFY THE CITY OF SEWARD UTILITIES EITHER BY WRITING OR IN PERSON WHEN WE WISH TO DISCONTINUE SERVICE. FAILURE ON OUR PART TO DO SO DOES NOT RELIEVE US OF RESPONSIBILITY FOR SERVICE COSTS FOR UTILITIES AT THE ABOVE LOCATION AFTER WE LEAVE THE SERVICE LOCATION. BY SIGNING BELOW WE CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT WE HAVE RECEIVED A COPY OF THE POLICIES FOR CITY UTILITY SERVICE PER THE APPLICABLE TARIFFS AND FEES ESTABLISHED BY THE CITY. WE FURTHER CERTIFY THAT WE HAVE NO OUTSTANDING DEBTS OF ANY KIND WITH THE CITY OF SEWARD. IF IT IS DISCOVERED THAT WE DO HAVE OUTSTANDING DEBTS WITH THE CITY OF SEWARD, WE UNDERSTAND AND AGREE THAT OUR UTILITIES MAY BE SUBJECT TO TERMINATION AND AGREE TO PAY ALL OUTSTANDING DEBTS AND FEES OWED THE CITY OF SEWARD PRIOR TO SERVICE BEING RECONNECTED.

_____ _____ _____ _____
APPLICANT'S SIGNATURE DATE CO-APPLICANT'S SIGNATURE DATE

OFFICIAL USE ONLY

DEPOSIT REQUIRED RESIDENTIAL ELECTRIC $_____ WATER $_____

TOTAL DEPOSIT PAID $_____ DEPOSIT $_____