



# CITY OF NEVADA

## WATER & SEWER APPLICATION

RESPONSIBILITY START DATE: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

IDENTIFICATION VERIFICATION: Y N EMPLOYER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
NUMBER STREET APT #

MAILING ADDRESS: \_\_\_\_\_  
**(IF DIFFERENT)** NUMBER STREET APT# PO BOX  
CITY STATE ZIP CODE

PHONE: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

PREVIOUS NEVADA ADDRESS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

OTHER OCCUPANTS: \_\_\_\_\_  
*DO NOT LIST MINORS*

OWN: \_\_\_\_\_ RENT: \_\_\_\_\_ (IF RENTING PLEASE PROVIDE THE FOLLOWING INFORMATION.)

LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**THE UNDERSIGNED CUSTOMER AGREES TO COMPLY WITH CITY CODE GOVERNING UTILITY MANAGEMENT.**

**IF THIS IS AN APPLICATION BY AN EXISTING OR FORMER CUSTOMER OR OCCUPANT, THE CUSTOMER AGREES THAT ANY BALANCE DUE THE CITY BY THE CUSTOMER OR OTHER OCCUPANT AT THE SAME ADDRESS ON A PREVIOUS OR EXISTING WATER AND SEWER ACCOUNT WILL BE ADDED TO THE BILL FOR THE NEW SERVICE WHICH THE CUSTOMER AGREES TO PAY.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_ RECEIPT DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_