

FOR OFFICE USE ONLY

ACCT# _____ OWNER/LL: _____
WORK ORDER: _____ FINAL READ: _____
DEPOSIT BILLED: _____ DATE DUE: _____
SEWER: _____ EBILL: _____



City of Gretna
204 N McKenna Ave
PO Box 69
Gretna NE 68028
402-332-3336

APPLICATION FOR WATER/SEWER

PHYSICAL ADDRESS FOR SERVICE: _____

**\$75.00 DEPOSIT WILL BE APPLIED FIRST BILL
SERVICE START DATE:** _____

SUBDIVISION NAME: _____

EXISTING **NEW CONSTRUCTION**

APPLICANT INFORMATION:

NAME: _____

EMAIL: _____

HOW WOULD YOU LIKE TO RECEIVE BILLS? MAIL **EMAIL**

DRIVERS LICENSE# _____ **STATE** _____ **EXP DATE** _____

MAILING ADDRESS: _____

TELEPHONE: HOME: _____ **CELL:** _____ **WORK:** _____

CO-APPLICANT INFORMATION:

NAME: _____

DRIVERS LICENSE# _____ **STATE** _____ **EXP DATE** _____

TELEPHONE: CELL: _____ **WORK:** _____

ADDITIONAL INFORMATION

EMERGENCY CONTACT: _____ **TELEPHONE:** _____
(someone outside the home)

LANDLORD INFORMATION: _____ **TELEPHONE:** _____

I/we hereby apply for utility services for the premises listed above pursuant to the rules and regulations of the City of Gretna. I acknowledge that all statements given are accurate to the best of my knowledge. I agree to pay all bills rendered to the City until I/we give notice to the Utility Billing Clerk to discontinue service and I/we agree that late penalties will be assessed on any unpaid balances after the due date shown on the bill.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

MUST APPLY IN PERSON

I HAVE READ AND UNDERSTAND THE
UTILITY INFORMATION PAMPHLET.

INITIAL DATE