



PO Box 38 · 537 Main Street
Seward, Nebraska 68434
Phone and TDD 402-643-2928
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www.cityofsewardne.com

The following information MUST be provided. Failure to do so may result in refusal of or termination of service.

(PLEASE PRINT) :

DATE OF SERVICE: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

RENTER _____ or OWNER _____ (Check One) NUMBER OF PEOPLE LIVING HERE: _____

IF RENTER LIST LANDLORD: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

HOME PHONE # _____ CELL PHONE # _____

WORK PHONE # _____

EMPLOYED BY: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

Please e-mail my monthly utility billing to the above e-mail address.

CO-OCCUPANTS IF DIFFERENT THAN LISTED ABOVE

NAME: _____

WORK PHONE # _____ CELL PHONE # _____

NAME: _____

WORK PHONE # _____ CELL PHONE # _____

UTILITY DEPOSITS WILL BE REFUNDED AFTER 24 MONTHS WITH NO LATE PAYMENTS.
THE DEPOSIT WILL BE APPLIED TO THE BALANCE DUE ON THE ACCOUNT. ANY BALANCE OF
THE DEPOSIT WILL BE REFUNDED AFTER THE FINAL BILL IS PAID.

SIGNATURE: _____