



**CITY OF SEWARD - CONSUMER APPLICATION**

**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: \_\_\_\_\_