VILLAGE OF ELWOOD APPLICATION FOR SERVICE PO BOX 14 304 CALVERT AVE ELWOOD, NE 68937

PO BOX 14 304 CALVERT AVE ELWOOD, NE 68937 (308)785-2480 villageofelwood73@gmail.com cell (308)746-2569

- Customer hereby requests that the Village of Elwood provide water, sewer and refuse service to customer at the location described.
- 2. Customer waives claim for, and will indemnify and hold harmless the Village of Elwood, from any loss or damage arising from interruption of services.
- 3. The Village requires that all residents pay a deposit prior to receiving services.
- 4. Customer agrees to pay for services based on rates, rules and regulations established by the Village of Elwood. A copy of the current rates for services is available at the Village office. BILLS ARE DELINQUENT AFTER THE 15TH OF THE MONTH. A NOTICE WILL BE MAILED ON THE FIRST BUSINESS DAY AFTER THE 15TH AND A \$10 LATE FEE WILL BE APPLIED TO YOUR ACCOUNT.
- 5. Customer may cancel service by signing a cancellation form, or service may be cancelled after thirty (30) days written notice, unless otherwise waived by the Village. (Vacant or empty properties will be charged monthly until service is cancelled.)

6. Neither this app	lication, nor the se	vice supplied, shall	be assignable or t	ransferable.		
□ OWN □ RENT	Landlord's Name 8	Number:				
Name			Phone:			
Name			Phone:			
Service Location:			Deposit Amount \$			
Billing Address (if di	fferent from above)	:				
City: State: Zip Code:						
Permission to conta	ct by text:	Yes	_No			
Email:						
Would you like to sig	gn up for Autopay?	Yes	No			
Your bill is the same	every month; there	efore, we generally o	do not mail invoice	sE-mail _	None	
Occupation/Employe	er					
Name, address and	phone number of e	mergency contact (someone that does	s not reside with you):		
Dog Registration:	All dogs need to be	registered with the	Village of Elwood b	oy Jan 31 each year. Dog	g tags are \$6.25.	
Name	Breed	Color	Gender	Rabies Expiration	Office Use	
false and misleading	g statements may b	e cause for the Villa	age of Elwood to ta	knowledge. I understa ake appropriate action. I I I personally will be res	f this application	
Customer Signature		Customer Si	Customer Signature			
Customer Signatur	t	Customer Si	ynature			
OFFICE: DU	MP PIN	#				

__ Give copy of this application ___ Give contact sheet information ___ Give dog ordinance if applicable