



# FAIRBURY

NEBRASKA

## Application for Residential Utility Service

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Service Address: \_\_\_\_\_ Date Service Requested: \_\_\_\_\_

Primary Residence

Landlord

Renting as a Tenant

Billing Address (if different than above): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse or Roommate's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Name (if renting): \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Please designate a contact person not living in the same location to be notified in case of emergency or disconnection of service. It will be necessary for you to inform this person that they are your emergency contact person.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

As the applicant for service, I request the City of Fairbury to furnish the following services as set forth in the City Ordinances and the service policies and conditions of the City of Fairbury.

Electric

Water

Sewer

Garbage

I request the City of Fairbury to send my bill, courtesy notices, and all other notices regarding utility billing via:

Mail

Email

Both Mail and Email

Email Address: \_\_\_\_\_

For receipt of such services, I agree to pay to the Fairbury Light & Water Department all charges as determined by the rates approved by the Fairbury City Council. If selected, I authorize the City of Fairbury to enroll me in paperless billing and to send me only an electronic copy of my bill. I, the customer, agree to notify the Fairbury Light & Water Department when the services are no longer desired.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FAIRBURY

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Office Use Only

Account number: \_\_\_\_\_

Deposit amount: \_\_\_\_\_

Deposit Waived

- Good payment record with City of Fairbury
- Proof of financial responsibility from previous utility

Deposit Paid

Deposit # \_\_\_\_\_

Payment method:  Cash       Check # \_\_\_\_\_

Deposit Refund Date: \_\_\_\_\_

Deposit Refund Amount: \_\_\_\_\_