



PO Box 507

Water / Wastewater Service Application

Service to be connected: _____
(MM/DD/YYYY)

All water / wastewater sign-ups must be completed & deposit paid at least 24hrs in advance to desired service start date. Weekends & holidays excluded.

Name/Business Name: _____
(last) (first) (initial)

Property Address: _____ OWN ___ RENT ___

Mailing Address: _____

Main Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Employer: _____ Phone: _____

Spouse/Roommate: _____ Phone: _____

Relative/Friend: _____ Phone: _____

Signed: _____ Date: _____
(Applicant - Typing your full name constitutes a signature)

Property Owner

Name: _____ Phone: _____

Will this property be used as a rental? ___ YES ___ NO

Date Deposit Paid: _____ A/C No.: _____

**(Optional)
Third Party Notification Form**

In accordance with Legislative Bill LB-143 (1979) any residential subscriber who wishes to designate a third party to receive notification of any proposed discontinuance of services shall supply the Department of Public Works of the City of York, Nebraska (Water-Wastewater) with the following information.

1. Name of Third Party: _____
Address of Third Party: _____ Phone of Third Party: _____

2. Notify Residents only: ___ YES ___ NO

Signature of Subscriber: _____
(Typing your full name constitutes a signature)