

## **VILLAGE OF PENDER**

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## **APPLICATION FOR UTILITY SERVICE**

			Read-In Date:
Name:			
Service Address:			
Mailing Address:			
Phone Number (Cell)		(Work)	
E-mail address:			
Current Employer:			
SSN/EIN:			
In Case of Emergency Noti	Emergency Notify:Phone:		ne:
According to Nebraska Sta record. The Village may no discontinuance of Utility ser	tify my landlord or the		nt to list a Third Party on your d below of any proposed
Name:	Address:		Phone:
A deposit is required for all new customers. It is the CUSTOMERS' responsibility to inform the Utility Office of beginning and ending dates of Service. I understand all of the customer requirements and agree to pay all charges billed in my name.			
SIGNATURE:			DATE:/
	For Office	Use Only	
Deposit Amount:	Date Paid:		Payment Method: