

# City of Sargent



106 North 2<sup>nd</sup> Street  
P.O. Box 40  
Sargent, NE 68874-0040  
Phone (308) 527-4200  
Fax (308) 527-3745

## APPLICATION FOR UTILITY SERVICE

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Employer: \_\_\_\_\_ Service Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Number of persons living at the residence: \_\_\_\_\_

Person to contact in an emergency (Not living with you.):

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Date Service to Begin: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ (Own-\$150, Rent-\$200)

\*\*\*City utilities are electricity, water, sewer and trash. The City contracts with White Sanitation. The City does the billing. Please contact White Sanitation with any questions and/or concerns.

\*\*\*Bills will be sent to your mailing address by the 1<sup>st</sup> day of each month. Payment is due on or before the 10<sup>th</sup>. On the 11<sup>th</sup> a Late Fee of \$25.00 plus 2% of the outstanding electric and trash bill will be charged on all unpaid accounts and disconnect procedures will begin. Three business days later a disconnect notice shall be sent and your utility account will be charged \$5.00 processing fee.

I agree to the billing terms as set forth by the City of Sargent, Nebraska.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date