

Village of Greenwood
Electric-Water/Sewer Departments
 619 Main Street
 Greenwood, NE 68366

Utility Application	
<input type="checkbox"/> Electric	<input type="checkbox"/> Water/Sewer
<input type="checkbox"/> Rental Property	

Application No. UA _____ - _____ **Deposit \$** _____

Primary Customer Information (Please Print or Type)

First Name: _____ M.I.: _____ Last Name: _____

Social Security Number _____

Secondary Customer Information

First Name: _____ M.I.: _____ Last Name: _____

Social Security Number _____

Email Address: _____

Main Phone: _____ Alternate Phone: _____

Previous Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Previous Electrical Provider: _____

New Service Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Requested Service Date: _____ Primary Use of Property: _____

New Mailing Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

(Applies to rental Property only):

Rental Property Owner: _____

Main Phone: _____ Alternate Phone: _____

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____

	<u>YES</u>	<u>NO</u>
Sales Tax Exempt <small>(If Yes, documentation is required.)</small>	<input type="checkbox"/>	<input type="checkbox"/>
All Electric Appliances	<input type="checkbox"/>	<input type="checkbox"/>
Electric Water Heater	<input type="checkbox"/>	<input type="checkbox"/>
Electric Furnace	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
Secondary/Garage Meter	<input type="checkbox"/>	<input type="checkbox"/>
Livestock	<input type="checkbox"/>	<input type="checkbox"/>
Water Service Required	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer Required	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY	
Primary Meter #:	_____
Primary Meter Rate:	_____
Secondary Meter #:	_____
Secondary Meter Rate:	_____
Water Meter #1:	_____
Water Meter #2:	_____
Deposit Amount: \$	_____
Date Deposit Paid:	_____
Deposit Paid by:	_____

(Failure to complete any required part of this application shall delay application process.)