

# CITY OF NEWMAN GROVE

## CONSUMER APPLICATION

The following information MUST be provided along with a copy of your driver's license. Failure to do so may result in refusal of or termination of service.

NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Start Date for Service: \_\_\_\_\_

RENTER\_\_\_ OR OWNER\_\_\_ (Check one)

NUMBER OF PEOPLE LIVING HERE: \_\_\_\_\_

IF RENTER, NAME OF LANDLORD: \_\_\_\_\_

YOUR HOME PHONE # \_\_\_\_\_ OR CELL PHONE # \_\_\_\_\_

APPLICANT'S PREVIOUS ADDRESS: \_\_\_\_\_

DO YOU WANT PAPERLESS BILLING: \_\_\_ YES \_\_\_ NO

EMAIL ADDRESS IF YES: \_\_\_\_\_

EMERGENCY SHUT OFF CONTACT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CITY OF NEWMAN GROVE  
606 HALE AVENUE  
PO BOX 446  
NEWMAN GROVE, NE 68758  
PHONE: 402-447-6444  
FAX: 402-447-2264  
EMAIL: sauge@cityofnewmangrove.com

IF YOU WOULD LIKE AUTOMATIC WITHDRAWEL  
OF YOUR PAYMENT FROM YOUR CHECKING OR  
SAVINGS ACCOUNT PLEASE INQUIRE AT CITY HALL