



CITY OF YERINGTON

102 South Main Street

Yerington, NV 89447

775-463-2729

775-463-3511

| | |
|--|--|
| <input type="checkbox"/> 1: Yerington | For Office Use Only |
| <input type="checkbox"/> 2: Mason | Date: _____ |
| <input type="checkbox"/> 3: Willow Creek GID | Current |
| <input type="checkbox"/> 4: Crystal Clear | Account #: _____ |
| <input type="checkbox"/> 5: Sunset Hills | Taken By: _____ |
| <input type="checkbox"/> Owner <input type="checkbox"/> Renter | Name Validated With ID: <input type="checkbox"/> |
| <input type="checkbox"/> D.O.B: _____ | |
| <input type="checkbox"/> Billing Address / Name Change | |

WATER/SEWER SERVICE NEW CUSTOMER AND ACCOUNT MODIFICATION

| | |
|---|--|
| OWNER NEW <input type="checkbox"/> Term <input type="checkbox"/> | RENTER NEW <input type="checkbox"/> Term <input type="checkbox"/> |
| FIRST: _____ LAST: _____ | FIRST : _____ LAST: _____ |
| SERVICE ADDRESS: _____ | SERVICE ADDRESS: _____ |
| BILLING ADDRESS: _____ | BILLING ADDRESS: _____ |
| H PHONE: _____ W PHONE: _____ | H PHONE: _____ W PHONE: _____ |
| EMERGENCY CONTACT: _____ | EMERGENCY CONTACT: _____ |
| EMERGENCY CONTACT PHONE: _____ | EMERGENCY CONTACT PHONE: _____ |

PLEASE READ AND AGREE TO THE FOLLOWING

I Understand that payments are due by the end of each month. There will be interest charged on late payments. If I do not make a payment or contact the office at City Hall the City of Yerington may disconnect the water service. The city will also charge an additional fee of \$15.00 to reconnect service. To have my service restored I am required to pay the \$15.00 reconnect fee as well as bring my account current. If this house is, or will be a rental property, I understand that I am ultimately responsible for all outstanding debts at this address that are unable to recover from the tenant. I am at least 18 years old. A non-refundable \$15.00 fee is required to establish service.

Willow Creek Owner/Renter: A deposit of \$89.60 for water, \$28.30 for sewer, and a \$15.00 Administrative fee (totaling \$132.90) to establish service must accompany this application. The \$117.90 deposit is refundable and will be applied to the closing bill and the remaining balance will be refunded.

Owner Signature: _____ Date: _____

Renter Signature: _____ Date: _____

FOR OFFICE USE ONLY

| | |
|------------------------------------|--|
| START/TERM DATE: _____ READ: _____ | ADMIN FEE PAID: _____ CASH: _____ CHECK: _____ CC: _____ |
|------------------------------------|--|

| | | |
|---------------|-----------------------|-----------------------|
| RENTAL: Y / N | PREVIOUS OWNER: _____ | ACCOUNT NUMBER: _____ |
|---------------|-----------------------|-----------------------|

| | | | |
|--------------------------|----------------|-------------|-----------|
| PRIOR COY SERVICE: Y / N | ADDRESS: _____ | FROM: _____ | TO: _____ |
|--------------------------|----------------|-------------|-----------|

THE CITY OF YERINGTON IS AN EQUAL OPPORTUNITY PROVIDER

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

| | |
|--|--|
| Applicant: I do not wish to furnish this information | Co Applicant: I do not wish to furnish this information |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |

Applicant chose not to furnish this information, identification was made by

Visual observation
 Surname

This application was taken by:

 Name of Employee Taking Application for Service

 Date