



City Of Yerington
 14 E Goldfield Avenue
 Yerington NV 89447

<input type="checkbox"/> 1: Yerington	For Office Use Only
<input type="checkbox"/> 2: Mason	Date: _____
<input type="checkbox"/> 3: Willow Creek GID	Current Account #: _____
<input type="checkbox"/> 4: Crystal Clear	Taken By: _____
<input type="checkbox"/> 5: Sunset Hills	Name Validated With ID: <input type="checkbox"/>
<input type="checkbox"/> Owner <input type="checkbox"/> Renter	
<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"/>
FIRST:	LAST:	
SERVICE ADDRESS:		
BILLING ADDRESS:		
H PHONE:	W PHONE:	
EMERGENCY CONTACT:		
EMERGENCY CONTACT PHONE:		

RENTER	NEW <input type="checkbox"/>	Term <input type="checkbox"/>
FIRST :	LAST:	
SERVICE ADDRESS:		
BILLING ADDRESS:		
H PHONE:	W PHONE:	
EMERGENCY CONTACT:		
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 and a \$100.00 deposit, which can be applied as a credit to the account after 12 months if customer is in good standings 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: _____
CITY CLERK APPROVAL	DEPOSIT PAID: _____ CASH: _____ CHECK: _____ CC: _____

RENTAL: Y / N	PREVIOUS OWNER: _____	ACCOUNT NUMBER: _____
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PRIOR COY SERVICE: Y / N	ADDRESS: _____	FROM: _____	TO: _____
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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.

Applicant: <input type="checkbox"/> I do not wish to furnish this information	Co Applicant: <input type="checkbox"/> 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

Effective July 10, 2020