

# Village of Lodgepole Application for Utilities

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Electricity • Water • Sewer • Sanitation

Date \_\_\_\_\_

Name(s) on account \_\_\_\_\_

Phone number \_\_\_\_\_

Service address \_\_\_\_\_

Mailing address \_\_\_\_\_

Date to start utilities \_\_\_\_\_

Please check the box that applies to start service at this address:

New owner purchasing this home/business – closing date \_\_\_\_\_

Owner renting this home, new tenant will apply

New tenant moving to this home/business – move-in date

Name and contact information of owner \_\_\_\_\_

Other \_\_\_\_\_

Name of employer \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Previous address \_\_\_\_\_

Dates lived there \_\_\_\_\_

Previous utility company \_\_\_\_\_

By signing or typing their name below, the applicant affirms that all information on this application is true and correct. The applicant assumes the full responsibility of utility payments at the above service address. The applicant understands that the bill must be paid in full by the 10th of each month or are considered delinquent. A 10% late charge is assessed on all bills received after the 10th. Additionally, if said utility fees are not paid by the 15th, the account is subject to disconnection of services. If disconnected, the applicant will be liable for a reconnect fee and the entire bill in cash to reconnect. This application will remain in effect until the applicant notifies the Village to discontinue service. The applicant understands that authorized agents of the Village will need free access to their premises for purpose of repair, service or inspection of Village meters and components. Payments can be made at the Village office, through the drop box located by the front doors to the Village office, bank deduction, or online. The applicant further understands that a final bill for service through the disconnect date will be sent on the next billing date(s). Any account balance for this service address or any other closed accounts in their name will be deducted from their deposit. They are responsible for any charges remaining on their account that not covered by the deposit. If a deposit refund is due, it will be sent to the forwarding address provided above within 4-6 weeks after the final bill is mailed.

Requested by signature \_\_\_\_\_

Account # \_\_\_\_\_

Deposit paid (amount, date, check number/cash) \_\_\_\_\_

Account info updated \_\_\_\_\_

Deposit refund \_\_\_\_\_

Electric reading \_\_\_\_\_

Water reading \_\_\_\_\_

Sewer and sanitation in computer \_\_\_\_\_

Maintenance signature \_\_\_\_\_