



CITY OF YERINGTON
 102 South Main Street
 Yerington, NV 89447
 775-463-2729
 775-463-3511

<input type="checkbox"/> Yerington Owner	For Office Use Only
<input type="checkbox"/> Yerington Renter	Date: _____
<input type="checkbox"/> Mason Owner	Current Account #: _____
<input type="checkbox"/> Mason Renter	Taken By: _____
<input type="checkbox"/> Willow Creek	Name Validated With ID: <input type="checkbox"/>
<input type="checkbox"/> Crystal Clear Owner	
<input type="checkbox"/> Crystal Clear Renter	
<input type="checkbox"/> Billing Address / Name Change	

WATER/SEWER SERVICE NEW CUSTOMER AND ACCOUNT MODIFICATION

OWNER

- WATER SERVICE
 SEWER SERVICE

RENTER

- WATER SERVICE
 SEWER SERVICE

First:	Last:
Service Address:	
Billing Address:	
Home Phone:	Work Phone:
Emergency Contact:	
Emergency Contact Phone:	

First:	Last:
Service Address:	
Billing Address:	
Home Phone:	Work 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 my 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 we are unable to recover from the tenant. I am at least 18 years old. A non-refundable \$15.00 fee is required to establish your 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: _____

Transfer To Owner

Terminate Service

Move Out Date:	
Meter Read:	Date:
Signature:	Date:

<input type="checkbox"/> Renter Moving	<input type="checkbox"/> Owner Sold
Meter Read:	Date:
Signature:	Date:

For Office Use Only

Start Service Date:	Admin Fee Paid: \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Rental: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Owner:	Account #:		
Prior COY Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	From:	To:	

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

Ethnicity

Not Hispanic or Latino

Hispanic or Latino

Race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex

Male

Female

Co-Applicant:

I do not wish to furnish this information

Ethnicity

Not Hispanic or Latino

Hispanic or Latino

Race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex

Male

Female

Applicant chose not to furnish this information and identification was made by:

Visual Observation

Surname

Application Taken By:

Name

Date