CITY OF TECUMSEH
122 S 4TH ST, PO BOX 417
TECUMSEH, NE 68450
(402) 335-3570

Name: _____

Driver's License #: _____

Date of Birth: _____

Social Security #: _____

Email Address: _____

Home/Cell #: _____

Employer: _____

Employer #: _____

Service Address:_____

Mailing Address: _____

Connect Date: _____

Spouse's Name: _____

Roommate's Name: _____

Social Security #: _____

Home/Cell #: _____

Employer: _____

Employer #: _____

Homeowner: ☐ **Renting**: ☐

Landlord's Name: _____

Landlord's #: _____

If moving from one address to another in town:

Previous Address: _____

Customer agrees to notify the City of Tecumseh when service is no longer desired.

Signature: _____ **Printed Name**: _____

Date: _____

Office Use Only

Deposit Date: _____ Amount: _____ Type of Payment: _____