



# CITY OF ELY

501 Mill Street, Ely, Nevada 89301

City Hall (775) 289-2430

Cityofelynv.gov

## REQUEST FORM FOR WATER AND SEWER SERVICE

I, \_\_\_\_\_  
hereby make request that the City of Ely Municipal Utilities Department provide water  
and sewer services to be connected at:

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

I, \_\_\_\_\_  
agree to pay the City of Ely Municipal Utilities Department all charges associated with service  
provided on a monthly basis. I hereby hold the City of Ely Municipal Utilities Department  
harmless of any damages that may arise from providing water and sewer service to the premises. I  
also agree to pay a onetime **deposit of \$100.00 (refundable after 12 months of on time  
payments)** on the occasion I have not had Utilities in my name at a previous service address with  
the City of Ely.

**Customer**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone**

**Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

### TO BE COMPLETED BY CITY REPRESENTATIVE

**City Account Number** \_\_\_\_\_

**City Representative** \_\_\_\_\_

**Amount Paid** \_\_\_\_\_

Name:

Address:

APN:

### The City of Ely Public Utility Access Acknowledgement

\_\_\_\_\_ I understand The City of Ely may require access to utilities located on or below my property in order to construct, repair, and maintain the water and sewer utilities.

\_\_\_\_\_ I grant permission to The City of Ely, and to its authorized Agents and Contractors, for entry upon the above listed property for purposes of water and sewer utility construction, operation, use, maintenance, repair, replacement, reconstruction and removal of pipelines and all underground and surface appurtenances for conducting water, sewer, and any facilities ancillary thereto, such as the rights of ingress and egress, over, on, above, across and under the above listed property.

\_\_\_\_\_ I agree to indemnify, hold harmless and defend The City of Ely from any liabilities, damages, losses, claims, actions or proceedings, including without limitation, reasonable attorney's fees, that are caused by the negligence, errors, omissions, reckless or intentional misconduct of the property owner or its employees or agents arising by reason of any use or condition of the premises.

I have read and fully understand the contents of this document. I agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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