**APPLICATION FOR UTILITY SERVICE**

**REQUIRE: Photo ID, Social Security ID, Complete Application and Deposit Fee (If Required)**

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Name Date of Application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Service Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Home Phone Number Cell Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Employer Address Employer Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse (If Applicable) Driver’s License Number Social Security Number

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Employer Employer Address Employer Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number in household Landlord Name (if applicable) Landlord Phone Number

Pet Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs Name Breed Sex Color Spayed/Neuter **Rabies Vaccinated Y or N**

\*The privacy Act regulates the use of Social Security Numbers by Government Agencies. The City of Argonia requests the disclosure of SSN upon completing a service application. The SSN may be used to collect delinquent accounts throught the State of Kansas Setoff Program. No other use or distribution of SSN will be allowed.

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Signature of Applicant Requesting Service Signature of Applicant Requesting Service

DEPOSIT REQUIRED (YES or NO) Date(s) of Paid Deposit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Letter of Credit Rec’d\_\_\_\_\_\_\_\_\_\_\_

**POLICY FOR SERVICES, PAYMENT FOR SERVICES, DELINQUENT**

**ACCOUNTS AND TERMINATION OF SERVICES**

The City of Argonia shall bill account holders on or about the 20th of the month. The bill will be due by the 10th of the next month. If payment is not received by the 10th a late notice/termination of services will be hung on the front door of the premise with a 24-hour disconnection notice. If payment is not received by the disconnection date, services will be terminated and a $50.00 disconnect and $50.00 re-connection fee will be added to the property address billing. The disconnect notice will show past due balance plus the disconnect and re-connect fees if utilities are turned off. If you cannot pay the full amount of your bill by the time and date of disconnect please call the City Office to make a payment arrangement. All arrangements must be kept or disconnect with no notification will take place if the date of agreement is not met.

Please sign below to verify you have read the terms of the agreement for utility services.

Physical Location for Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person requesting services Date