

CITY OF



WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

UTILITY SERVICE APPLICATION

TODAY'S DATE: \_\_\_\_\_

Residential

DATE TO BEGIN SERVICE: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

METER DEPOSIT NO. \_\_\_\_\_

ALL DELINQUENT UTILITY ACCOUNTS IN THE NAME OF ANY ADULT OCCUPANT OR ACCOUNT HOLDER MUST BE PAID IN FULL BEFORE SERVICES WILL BE CONNECTED.

Required to establish service: Photo ID  SSN or EIN  Completed Application  Meter Deposit  Connect Fee

NAME ON ACCOUNT: \_\_\_\_\_

MAIDEN NAME (if applicable) \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS (if different): \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ EMERGENCY PHONE NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE NO. \_\_\_\_\_

DO YOU: (circle one) OWN RENT (on new address)

IF RENTING, LANDLORD'S NAME: \_\_\_\_\_

SPOUSE'S NAME: (or Co-Occupant) \_\_\_\_\_

MAIDEN NAME (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE NO. \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DO YOU OWN ANY DOGS/CATS?  YES  NO # OF DOGS \_\_\_\_\_ # OF CATS \_\_\_\_\_

IF SO, ARE THEY REGISTERED WITH THE CITY?  YES  NO

ACCOUNTS SUBMITTED FOR OUTSIDE COLLECTION WILL BE SUBJECT TO A 25% ADMINISTRATION FEE PER CITY ORDINANCE.

I have been advised of the utility billing procedures of the City of Washington and have received the new customer information.

SIGNATURE: \_\_\_\_\_ CO APPLICANT SIGNATURE \_\_\_\_\_

Per the City of Washington Red Flag Policy, a Photo ID may be required in order to establish new accounts.

You may periodically be required to update account information at the City's request.

Disclosure: SSN is optional, and will be used to verify identity, and/or for collection purposes.