

**CITY OF GARNETT, KANSAS
UTILITY SERVICE APPLICATION**

I hereby make application for service at the address indicated, subject to the Rules and Regulations as provided by the Governing Body of the City of Garnett. I further state that I am not, nor is any person residing here, in arrears to the City of Garnett for any previous utility bills. I further understand the following:

1. **Utility Security Deposit is required as follows: Residential: \$350 / Commercial: \$500-\$1000, to be determined by type of business as explained in Ordinance No. 4127. In locations where only water service is paid for by the resident a \$50 deposit is required.**
2. **A restoration fee for utilities disconnected due to delinquency shall be as follows: \$50
NO UTILITY SERVICES WILL BE CONNECTED OR RECONNECTED AFTER 5:00 P.M. MONDAY - FRIDAY. NO SATURDAY OR SUNDAY CONNECTIONS OR RECONNECTIONS.**
3. All outstanding utility bills must be paid prior to transfer of service from one address to another.
4. Charges for mercury vapor yard lights, trash collection, sewer service, or any other applicable charges are declared to be an inseparable part of the total utility bill, and subject to the foregoing collection rules and regulations.

APPLICANT #1 _____
IF BUSINESS, STATE NAME _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH ____/____/____
DRIVER'S LICENSE NO. _____ STATE _____
TELEPHONE NO. _____ PLACE OF EMPLOYMENT _____
SIGNATURE OF APPLICANT _____

APPLICANT #2 _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH ____/____/____
DRIVER'S LICENSE NO. _____ STATE _____
TELEPHONE NO. _____ PLACE OF EMPLOYMENT _____
SIGNATURE OF APPLICANT _____

PICTURE I.D. IS REQUIRED OR UTILITY SERVICE WILL NOT BE PROVIDED

ADDRESS OF SERVICE REQUESTED _____
MAILING ADDRESS IF DIFFERENT _____
TYPE OF SERVICE: RESIDENTIAL COMMERCIAL
PROPERTY: RENT OWN DATE SERVICE REQUESTED _____
TOTAL NUMBER OF OCCUPANTS _____
PREVIOUS ADDRESS _____
CITY _____ STATE _____
LENGTH OF TIME AT THIS ADDRESS _____
PREVIOUS UTILITY COMPANY (S) _____
HAVE YOU OR OTHER APPLICANT (S) LIVED IN GARNETT BEFORE? _____
IF SO, UNDER WHAT NAME? _____
LIST THE NAMES OF ALL INDIVIDUALS OVER 18 WHO WILL BE OCCUPYING THIS ADDRESS _____
PERSON TO CALL IN CASE OF EMERGENCY OTHER THAN THOSE OCCUPYING THIS ADDRESS
NAME _____ PHONE _____
ADDRESS _____

OFFICE USE

ACCOUNT NUMBER _____

DEPOSIT RECEIVED: \$ _____ ELECTRIC GAS WATER

DATE DEPOSIT PAID _____ DATE OF SERVICE _____

DATE DEPOSIT REFUNDED _____

DATE ACCOUNT FINALED _____ OFF FOR NON-PAYMENT _____

LAST LATE DATE _____ HOW MANY TIMES LATE _____

DATE ACCOUNT PAID IN FULL _____

DEPOSIT REQUIRED NEXT TIME: DOUBLE SINGLE NONE

FORWARDING ADDRESS _____

CITY _____ STATE _____

COMMENTS: _____

WAIVER OF DEPOSIT APPROVED

DATE APPROVED _____

APPROVED BY _____

REASON FOR WAIVER _____