

CITY OF ALTAMONT

APPLICATION FOR UTILITY SERVICE

407 S HUSTON ▪ P.O. BOX 305 ▪ ALTAMONT, KS 67330
 PHONE (620) 784-5612 ▪ FAX (620) 784-5882 ▪ WEBSITE: ALTAMONTKS.COM

FOR OFFICE USE ONLY PREMISE #: CONSUMER #:
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APPLICANT INFORMATION

NAME: (LAST)	(FIRST)	(M.I.)
DATE OF BIRTH:	SOCIAL SECURITY #:	
DRIVER LICENSE #:	PHONE #:	
PLACE OF EMPLOYMENT:	EMPLOYER PHONE:	

CO- APPLICANT INFORMATION

NAME: (LAST)	(FIRST)	(M.I.)
DATE OF BIRTH:	SOCIAL SECURITY #:	
DRIVER LICENSE #:	PHONE #:	
PLACE OF EMPLOYMENT:	EMPLOYER PHONE:	

COMMERCIAL/ BUSINESS INFORMATION

BUSINESS NAME:	FED ID #:
POSITION HELD:	PHONE #:

SERVICE ADDRESS INFORMATION

SERVICE ADDRESS:		
SERVICE USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL	START OF SERVICE:	
OWNERSHIP: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	LANDLORD:	
MAIL BILLS TO: STREET		
CITY	STATE	POSTAL CODE
EMAIL:	PAPERLESS BILLING: <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMERGENCY INFORMATION

EMERGENCY CONTACT: (NAME)	
RELATIONSHIP:	PHONE #:
LIST ALL INDIVIDUAL RESIDING IN THE SERVICE ADDRESS:	



ACKNOWLEDGEMENT

The undersigned applicant for gas, water, sewer, electric, and refuse service states the information provided on the application for city utilities is true and accurate to the best of applicant's knowledge. Applicant also understands that all charges are due as billed and accepts total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance. Applicant also understands that if married, the applicant's spouse is equally liable for all charges incurred.

I have made these disclosures freely and voluntarily and with full knowledge that any and all information provided shall be used for sharing purposes with any agency from which I may apply later for assistance. Information on this application may be discussed with or additional information sought from any other person(s) or entity in order to make an accurate determination of my eligibility. By this consent I shall hold the City of Lyons harmless for any liability that may incur as a result of any disclosure made within the bounds of my consent and authorization.

APPLICANT SIGNATURE:	DATE:
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CO-APPLICANT SIGNATURE:	DATE:
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LANDLORD AUTHORIZATION (IF APPLICABLE)

LANDLORD NAME: (LAST)	(FIRST)	(M.I.)
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PHONE #:	EMAIL:
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The above applicant is the tenant and has permission to live at the above service address? YES NO

Leave utilities connected in my name if tenant moves from property?: YES NO

ACKNOWLEDGMENT

By signing this form, the City of Altamont is hereby authorized to take the above listed action(s) at the specified address(es) when a tenant moves out of the property or the utilities are disconnected for non-payment. By leaving the services connected, the property owner will be billed for all usage and any applicable charges. It is recognized that if any changes are needed to this form, a NEW landlord authorization form must be filled out and will replace the previous form on record. The City of Lyons will give a 24 hr. notice before switching utilities to the Landlords Account. I understand that the preferred method of contact above will be used.

LANDLORD SIGNATURE:	DATE:
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