



City of Garden Plain

Utility Service Disclosure

THIS APPLICATION MUST BE SIGNED BY THE PERSON(S) THAT WILL BE RESPONSIBLE FOR THIS UTILITY BILL. **A PHOTO ID OF THE PERSON(S) SIGNING THIS APPLICATION MUST BE PROVIDED AT THE TIME OF APPLICATION FOR SERVICE.**

The undersigned applicant/s for gas, water and sewer services states that the information provided on the application for City of Garden Plain utilities is true and accurate to the best of the applicant/s knowledge.

Applicant also understands that all charges are due as services are provided, including reasonable attorney 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.

According to the Ordinances of the City of Garden Plain, Kansas:

- 1.) Bills are due and payable upon receipt. Bills are considered delinquent with penalty fees added after the 25th of the month.
- 2.) Bills which are not paid by the 5th of the following month are subject to being disconnected for non-payment.
- 3.) In order to restore service that has been terminated for non-payment, **a fee of \$50.00 per utility will be collected along with the full payment of the outstanding bill before reconnection of the services.**
- 4.) If the utility service being restored is for gas, an appointment must be scheduled with our Gas System Superintendent before reconnection will take place. A minimum of 45 minutes must be allowed for someone to be present while the reconnection takes place.

Applicant Signature

Date of Application

Co-Applicant Signature

Date of Application

Payment History Disclosure Authorization

I have made these disclosures freely and voluntarily with the full knowledge that any and all information provided could 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 may be 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 Garden Plain, Kansas 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 of Application

Co-Applicants Signature

Date of Application

REMEMBER:

A photo ID of the person(s) signing this application must be provided at the time of application for service.



City of Garden Plain

Application of Utility Services for Businesses

Account# _____

Date: _____

_____ **Business Name**

_____ **Owner's Name**

_____ **Social Security#**

_____ **Drivers License#**

_____ **Business Address** **City** **State** **Zip**

_____ **Business Phone** **Cell Phone** **Home Phone**

_____ **Billing Address** **City** **State** **Zip**

_____ **Applicant's Signature**

_____ **Date to Begin Service**

Initial Gas Reading _____ Initial Water Reading _____ Read by _____

Gas Deposit of _____ Paid on _____ Check# _____ Cash _____

_____ **Utility Clerk Signature**

_____ **Date**