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 Homeowners

Account# ___________________   Date: ____________________

____________________________________  __________________________________
Billing Name  Spouse’s Name

Social Security#  Drivers License#  Spouse’s Soc. Sec.#  Spouse’s DL#

________________________________________
Address  City  State  Zip

Home Phone  Cell Phone  Work Phone  Employer

Spouse’s Cell Phone  Work Phone  Spouse’s Employer

Relative Not Living With You  Address  Phone

____________________________________  __________________________________
Applicant’s Signature  Date to Begin Service(s)

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Office Use Only

Initial Gas Reading: ____________    Initial Water Reading: ____________  Read by _____________

Final Gas Reading: _____________    Final Water Reading: _____________  Read by _____________

________________________________________
Utility Clerk Signature  Date