Utility Service Disclosure

THIS APPLICATION MUST BE SIGNED BY THE PERSON(S) THAT WILL BE RESPONSIBLE FOR THIS UTILTIY 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

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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 Renters

Account# ____________         Water [   ]    Sewer [   ]    Gas [   ]          Date: ____________

____________________________________          ______________________________________
Billing Name                          Spouse’s Name

__________________________________
Street Address & P.O. Box          City          State          Zip

____________________________________
Home Phone                          Cell Phone        Work Phone        Employer/Address

____________________________________
Spouse’s Cell Phone                Spouse’s Work Phone       Spouse’s Employer/Address

__________________________________

__________________________________
Landlord’s Name                    Address                          Phone

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

*******************************************************************************
Deposits Paid

$50.00 Gas Deposit ______________          $25.00 Water Deposit _____________

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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