



CITY OF HESSTON

UTILITY SERVICE APPLICATION

PO Box 100, 115 E Smith St, Hesston KS 67062 • Phone (620) 327-4412 • Fax (620) 327-4595

ADDRESS INFORMATION

Service Address: \_\_\_\_\_

Service Start / Effective Date: \_\_\_\_\_

Mailing Address (if different from service address):  
\_\_\_\_\_  
\_\_\_\_\_

Own

Rent

Landlord: \_\_\_\_\_

# of People Living at This Address: \_\_\_\_\_

APPLICANT INFORMATION

Applicant / Billing Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone #'s: Appl. Mobil: \_\_\_\_\_ Home: \_\_\_\_\_  
Circle Main Phone #

Co-Appl. Mobil: \_\_\_\_\_

Employer/Location: \_\_\_\_\_

Employer/Location: \_\_\_\_\_

EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

For Office Use Only

Gas Dep \$100.00	Water Dep \$50.00	Acct Setup Fee \$20.00	Total _____	<input type="checkbox"/> Paid
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Account # \_\_\_\_\_ Service Order # \_\_\_\_\_

Comments \_\_\_\_\_

*The above information is correct and valid. I understand that I am responsible for the services provided at this address and will notify the City of Hesston if any changes should occur to the above information.*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_