



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 (not at service address)

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: _____