



CITY OF HESSTON UTILITY SERVICE APPLICATION

115 E Smith St, Hesston KS 67062 • (620) 327-4412 • AccountsReceivable@HesstonKS.org

PROPERTY INFORMATION	
Service Address: _____	Service Start / Effective Date: _____
Mailing Address (if different from service address): _____ _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: _____ Number of People Living at This Address: _____

HAVE YOU PREVIOUSLY BEEN A CUSTOMER?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes, at this address: _____ Year: _____	

APPLICANT	CO-APPLICANT
Name: _____ <small>(First) (MI) (Last)</small>	Name: _____ <small>(First) (MI) (Last)</small>
Social Security #: _____ - _____ - _____	Social Security #: _____ - _____ - _____
Birth Date: _____ - _____ - _____	Birth Date: _____ - _____ - _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____
Email: _____	Email: _____
Email Utility Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Utility Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____	Employer: _____
Location: _____	Location: _____

EMERGENCY CONTACT <small>(not at service address)</small>
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
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.

I further understand that Utility Bills are due by the 12th of each month. Additional fees are assessed after the 12th. Utilities are shut off on services not paid by 25th.

Applicant Signature: _____ **Date:** _____