



Office of Utilities  
215 S. Broadway, Louisburg, KS 66053  
913-837-5371 · louisburgkansas.gov

**Application for Gas and/or Water Service**

Fill out and return to City Hall or email to: [jstiles@louisburgkansas.gov](mailto:jstiles@louisburgkansas.gov)

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

Deposit Payment: \_\_\_\_\_

Date you would like service to begin \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you want: gas on \_\_\_\_\_ off \_\_\_\_\_ initial \_\_\_\_\_

Do you want: water on \_\_\_\_\_ off \_\_\_\_\_ initial \_\_\_\_\_

Name applying for service: \_\_\_\_\_

Address for service: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
*(if different from above)*

Email address: \_\_\_\_\_ I am interested in e-billing: \_\_\_\_\_

Phone #: Hm \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Required)*

Signature

\_\_\_\_\_ Own (must have copy of ownership papers)

\_\_\_\_\_ Rent (must have deposit of \$100 for Gas and \$50 for Water)

Landlord's information:

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

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Additional Occupants 18 years or older:

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_