

City of Louisburg

913-837-5371 913-837-5374 (Fax)

215 S. Broadway
LOUISBURG, KS 66053

APPLICATION FOR GAS AND / OR WATER SERVICE

Today's Date _____ Deposit Pymt \$ _____ Paid _____
(Renter's only)

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)

E-mail address _____ I am interested in e-billing _____

Telephone # Hm _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____

SSN# _____ - _____ - _____ DL# _____ DOB _____ / _____ / _____

(Required)

_____ Own (must have copy of ownership papers)

_____ Rent (must have deposit \$100.00 Gas - \$50.00 Water)

Landlord's Information:

Name _____ Address _____

This is a legal binding document. By signing this you agree to assume financial responsibility for all accrued charges. You must provide notification of change of residence and a forwarding address. If our office is not notified, you are responsible for all accumulating charges until the account is closed. By signing below you acknowledge the agreement between you (resident) and the City of Louisburg. Collection Bureau of Kansas will be notified of all past due debt and will pursue collections on the behalf of the City of Louisburg.

Signature _____ Date _____