

CITY OF ESKRIDGE
110 S. MAIN • P.O. BOX 156
ESKRIDGE, KS 66423
TELEPHONE 785-449-2621 • FAX 785-449-7289
UTILITY SERVICE APPLICATION

Primary Applicant (last, first, middle)		Date Service is to start
Physical Address Where Utility is Located		Mailing Address (if different from physical address)
OWN	RENT	Landlord Name, Address, and Phone
Previous Address		<input type="checkbox"/> I would like to enroll in the automatic bill payment plan
Social Security #		Driver's License #
Home Telephone		Work Telephone
Employer		Employer Address
Number of persons in household		Alternate Contact Name & Number in case of Emergency

CURRENT PHOTO ID, SOCIAL SECURITY NUMBER, COMPLETED APPLICATION AND DEPOSIT REQUIRED AT THE TIME OF CONNECTION.

Co-Tenant Information required. Persons listed as co-tenants will be responsible for the utility service in the event of default by the primary applicant.

Secondary Applicant (last, first, middle)	Social Security #
Employer	Driver's License #
Employer Address	Work Telephone

Pet Information – Residents in the City of Eskridge

(Tags are required on all dogs owned by you. Pit Bulls are prohibited in City limits per ordinance #441. There is a limit of no more than 4 dogs per household.)

Dogs Name(s)	Breed/Sex	Rabies Vaccine Expiration Date	Color	Spayed/Neuter

(OVER)

City Use Only

Service ID/Account # _____

Gas _____ Water _____ Sewer _____ Trash _____

Total Deposit \$ _____ Service Charge \$ _____ Total Due \$ _____

Amount Paid \$ _____ Date _____

Amount Paid \$ _____ Date _____

Amount Paid \$ _____ Date _____