

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. There is a limit of **4 dogs per household.**)

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

(OVER)

Applicant(s) understand that the use of said utility services will be governed by the ordinance of the City of Eskridge, Kansas, that the present rates may be changed from time to time by action of the Governing Body of the City, and that the City does not warrant and insure the uninterrupted service of any utility. Applicant agrees to abide by all laws and ordinances concerning the use and prompt payment for such utility service.

The Privacy Act regulates the use of Social Security Numbers by government agencies. The City of Eskridge requires the disclosure of Social Security Numbers upon completing a service application. The SSN may be used to collect delinquent account balances through the State of Kansas Setoff Program or contracted collection agency. No other use or distribution of SSN will be allowed. Failure to disclose required SSN will result in denial of utility services.

Signature (Primary Applicant): _____

Signature (Secondary Applicant): _____

Excess Flow Valve

The safe delivery of Natural Gas remains a primary mission of the City of Eskridge. To help accomplish this fundamental task, the City is taking safeguards to minimize occurrences of blowing gas due to pipe line breaks caused by third party damage and natural disasters. The easiest, most dependable, and economical way is with an (EFV) excess flow valve. An EFV is designed to shut off the flow of natural gas automatically if the service line breaks. The service line is the line from the gas meter to the main connection.

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 _____