

Account # : _____

UTILITIES APPLICATION

CITY OF SPRING HILL, KANSAS

Water Trash Sewer

*Please Note: A valid driver's license or current state-issued picture ID is required with every application to verify identity.

Residential Business Landlord Realtor

Date of Application _____

Name(s) to appear on account: _____

Address for service: _____

Mailing address: _____
(IF DIFFERENT FROM ABOVE)

Home Phone: (____) _____ Cell Phone: (____) _____

Do you? ____ own ____ rent Landlord's Name: _____

Date you want service to begin: _____ time: 9a.m. 1p.m. 4 p.m.

How many people will be residing at this address? _____

Are you eligible for a senior citizens discount (age 65 and over)? Yes / DOB _____ No

E-Statements:

I hereby authorize the City of Spring Hill to provide services to the account(s) listed to commence electronic billing and cease issuance of a paper utility bill. The City of Spring Hill, Kansas is authorized to send me electronic bills and other related information.
E-mail address: _____

Name _____

* SS# _____ - _____ * DL# _____ DOB _____

Signature _____ Date _____

Please list how many pets you own: _____

(Pets must be licensed annually and within 30 days after the pet has been brought into the city. Proof of rabies vaccination and spayed/neutered certificate must be presented at time of licensing. No more than two dogs at the same address. A special application is required to request a maximum of three dogs or one miniature Vietnamese potbelly pig.) Copy to Animal Control Officer _____