

UTILITIES APPLICATION



utilitybilling@springhillks.gov

(913) 592-3626

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

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 services to begin: _____ 9:00 am 1:00 pm 4:00 pm

Application date: _____ How many people will be residing at this address? _____

Signature _____ Print Name _____

* SS# _____ * DL# _____

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

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: _____

PETS: A special application is required to request a maximum of three dogs or one miniature Vietnamese potbelly pig.

For Office Use Only

Account Number _____ Scanned _____ WM Notified _____

Water District: COSH Hook-up Fee Receipt # _____ Other _____

Subdivision: _____ Lot: _____ Service Order Completed _____

Notes: _____