



# UTILITY SERVICE APPLICATION

**City of Cawker City**  
804 Locust  
Cawker City, KS 67430  
**Phone:** 785-781-4713  
**Fax:** 785-781-4436  
**E-mail:** cawcty@nckcn.com

I hereby make application for service at the address indicated, subject to the Rules and Regulations as provided by the Governing Body of the City of Cawker City. I further state that I am not, nor is any person residing here, in arrears to the City of Cawker City for any previous utility bills. I further understand the following:

1. Utility Security Deposit is required for each service as follows: \$150.00
2. Utility Deposit must be paid in full before utilities are turned on.
3. Utility Service Connect Fee is not part of the Deposit and is NON REFUNDABLE!
4. Utility Service Connect Fee is required for each service: \$20.00 Water; \$35.00 Electric;
5. A reconnection charge for utilities disconnected due to delinquency shall be: Water \$20.00, Electric \$20.00,
6. For CONNECTION or RE-CONNECTION, contact the City Clerk at: 785-781-4713.
7. No utility services will be connected or reconnected AFTER 5:00 P.M.
8. All outstanding utility bills must be paid prior to transfer of service from one address to another.
9. Charges for mercury vapor yard lights, trash collection, sewer service or any other applicable charges are declared to be an inseparable part of the total utility bill, and subject to the foregoing collection rules and regulations.

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**Applicant #1, Full name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**If business, business name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security No:** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Applicant #2, Full name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_

**If business, business name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security No:** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*\*\*\*\*

*\*Picture I.D. is required or utility service will not be provided!*

**Address of service request:** \_\_\_\_\_ **Date service requested:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Type of service** (circle one): Residential / Commercial / Industrial / Construction **I Own / Rent this property.**

**Total number of occupants including children:** \_\_\_\_Adults (age 18+) \_\_\_\_Children (under age 18)

**Names of those age 18+ who will occupying this address:** \_\_\_\_\_

**Your Previous street address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Length of time at that address:** \_\_\_\_\_ **Previous utility company(s)** \_\_\_\_\_

**Have you or other applicant(s) lived in Cawker City before?** YES NO **If yes, under what name?** \_\_\_\_\_

**1<sup>st</sup> Emergency contact who occupies this address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**2<sup>nd</sup> Emergency contact who occupies this address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Emergency contact "other" than resident:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_