



APPLICATION FOR UTILITY SERVICE

804 Locust Street
PO Box 2
Cawker City KS 67430
Phone: 785-781-4713
Fax: 785-781-4436
Email: cawcty@nckcn.com
Website: cawkercitykansas.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 5:00pm
- 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.

Primary Applicant Name (include maiden, aliases, etc):		Business Name, if applicable:	
Service Address:			Service Request Start Date:
Mailing Address, if different:			Date of Birth:
Home Phone:	Cell Phone:	Social Security Number:	Driver's License Number:
Employer:		Work Phone:	Email Address:
Total Number of Occupants Including Children:	Will you Rent _____ or Own? _____	Landlord Name, if applicable:	

Previous Address:		How long at address?
Have you or your co-applicants lived in Cawker City before?	If YES, under what name(s)?	

Co-Applicant information is required of any person 18 or older residing at this address. Persons listed as co-applicants will be responsible for the utility service in the event of default by the primary applicant.

Co-Applicant Name and Phone:	Social Security Number:	Driver's License Number:
Co-Applicant Signature:	Co-Applicant Employer:	
Co-Applicant Name and Phone:	Social Security Number:	Driver's License Number:
Co-Applicant Signature:	Co-Applicant Employer:	

Do you have any Dogs or Cats? Livestock? Licenses Are Required.	Dogs _____ Cats _____ Livestock _____
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In Case of Emergency, please call:	Applicant Signature:
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