

CITY OF HAYS, KANSAS
PHONE #: 785.628.7300

PO BOX 490 1507 MAIN
FAX#: 785.621.2005

HAYS, KS 67601

RESIDENTIAL UTILITY APPLICATION FOR WATER, SEWER, SANITATION SERVICES

THIS FORM MUST BE COMPLETED AND RETURNED TO OUR OFFICE WHEN REQUESTING UTILITY SERVICE ALONG WITH THE REQUIRED DEPOSIT. DEPOSITS CAN BE PAID WITH CREDIT/DEBIT CARDS, CHECK, OR CASH. APPLICANTS MUST INCLUDE OR SHOW A COPY OF DRIVERS LICENSE OR OTHER VALID PHOTO IDENTIFICATION. IF THIS FORM IS NOT COMPLETED AND RETURNED, WATER SERVICE WILL NOT BE CONNECTED.

Primary Applicant (FIRST PRINT YOUR name here on line below):

LAST NAME	FIRST	MIDDLE INITIAL	MAIDEN
_____	_____	_____	_____

Service Address: _____

Mailing Address (if different): _____

Driver's License #: _____

Social Security #: _____

Home Phone: _____ Cell Phone: _____

Circle one: OWN RENT Start Service Date : _____

Spouse's Information (Legally Married)

LAST NAME	FIRST	MIDDLE INITIAL	MAIDEN
_____	_____	_____	_____

Driver's License #: _____

Social Security #: _____

Cell Phone: _____

****Signing this form acknowledges that current water service may be disconnected for non payment of any outstanding bills for any account you may have with the City of Hays. Water service will not be reconnected until the delinquent balances are paid.**

SIGNATURES: _____ **DATE:** _____

OFFICE USE: ACCOUNT NUMBER _____ DEPOSIT PD \$ _____ DATE PAID _____

OTHER INFO: _____

CLERK'S INITIALS: _____