CITY OF HERINGTON UTILITIES SERVICE APPLICATION

17 N. Broadway, Herington, KS 67449 Office 785-258-2271 Fax 785-258-3552 (Required by Herington City Ordinance 1640 Ch 7, Art 1, 7-101 and/or Art 2, 7-201)

REQUIRED: Driver's License or other State ID with Identifiers and Social Security Card for Verification Purposes

Start Service Date	Name First Middle Last
Mailing Address (if different)	Service Address
Birth Date	Social Security Number/TAX ID # (provide a W-9)
Home/Cell Phone Numbers	Drivers License State and Number
Employer Name	Work Phone Number
OWN RENT (circle one) Landlord Name	Nearest Relative Name/ Adr/ /Cell Phone #
Spouse and Co-Tenant(s) Information Required (list	everyone 18 or older and use additional application if needed)
Drivers License State and Number	Name First Middle Last
Employer Name	Social Security Number
Birth Date	Cell Phone Number
Nearest Relative Name /Address other than above	Relative Cell Phone Number
Active Military	
Commander Name First Last	Contact Number
Supervisor Name	Unit Name/Number
Pet Licenses Required: Rabies Certificate; Licenses	are \$10 unless spayed or neutered, then \$5.00 each annually.
Number of pets -max. 4 dogs/4 cats or combination of 5	Cats/Dogs/Domestic Animals (fence/leash required)
owes an outstanding utility bill at the time of connection outstanding utility debts of the co-tenant must be paid wh Regulations will result in utility disconnection. If you ten collections for the final amount due plus a 30% administral the Privacy Act regulates the use of Social Security Numbers (SSN)	y) by government agencies. The City of Herington requires the disclosure of Social Security used to collect delinquent account balances through the State of Kansas Setoff Program or will be allowed. I want a copy of this application like the \$1.00 discount on the trash service
ar moving from one property to another in Helington, you	OUT OF MAN NAME ON THIS DATE
TAKE MY ADDRESS AT	OUT OF MY NAME ON THIS DATE

Email Address