

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)
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PLEASE READ:

If adults move in or out of this service address, you are required to complete a new service application. If the primary tenant or co-tenant owes an outstanding utility bill at the time of connection, all amounts due must be paid prior to service being established. Also, all outstanding utility debts of the co-tenant must be paid when they are added to the account. Failure to abide by the Herington City Code Regulations will result in utility disconnection.

The Privacy Act regulates the use of Social Security Numbers (SSN) by government agencies. The City of Herington requires the disclosure of Social Security Numbers upon completing a service application. The SSN may be used to collect delinquent account balances through the State of Kansas Setoff Program or contracted collection agency. No other use or distribution of SSN will be allowed.

Initials Here I have read and understand the above information I want a copy of this application
 I am a 65 or older and would like the \$1.00 discount on the trash service

**If moving from one property to another in Herington, you must complete the following:
 TAKE MY ADDRESS AT _____ OUT OF MY NAME ON THIS DATE _____.**

 Signature and Date

 Signature and Date

Email Address
