Lorraine, Kansas

Application for Utility Services

Date of request:	
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REQUIRED INFORMATION: Photo ID Copy for primary resident and spouse, Completed application, Connection Fee, must be completed before services turned on. ALL outstanding balances must be paid in full. Nonrefundable service startup fee of \$75 is due before services start. All charges must be paid by 21st day of each month, or 10% interest will be added to bill. Then bill must be paid in full by 1st day of following month. Services will be turned off on 2nd day of month, and to reconnect, a \$50 reconnect fee must be paid before services are restored.

Personal Info	ormation	-						
Primary Name):				Date of Bir	th:		
Service Address:								
Email:					Phone:			
Rent or Own (circle one):	Landlord na	me and ph	one nur	mber:				
Spouse Name					Date of Bir	th:		
Service Address:								
Email:					Phone:			
Primary Emplo	yer Name:							
Division:				Work N	lumber:			
Bill to be emai	led?	YES or	r NO					
Adults in reside	ence - REQU	IRED for al	l those o	over 18 ye	ears of age	at this	address.	
Name(s):	Date of I	Birth: Ph	one Nu	mber:	Employ	er:		
Signature					Sigr	nature		
Important								

Important:

Failure to complete form in its entirety, (including copy of Driver License) will result in denial of services.

Office use only: Paid _____ Date ____ Initials: ____