

CITY OF



WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

UTILITY SERVICE APPLICATION

TODAY'S DATE: _____

Commercial Industrial

DATE TO BEGIN SERVICE: _____

ACCOUNT NO. _____

AMOUNT PAID: _____

METER DEPOSIT NO. _____

Required to establish service: Photo ID SSN or EIN Completed Application Meter Deposit Connect Fee

BUSINESS NAME: _____

PRODUCT or SERVICE: _____

SERVICE ADDRESS: _____

BILLING ADDRESS (if different): _____

PHONE NO. _____

EMAIL ADDRESS: _____

TAX EXEMPT: yes or no If yes, tax exempt number: _____

FEDERAL ID # (if applicable): _____

LOCAL OWNER or MANAGER: _____

SSN: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PH. _____ EMERGENCY PH. _____

COMPANY HEADQUARTERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO. : _____ FAX NO.: _____

I have been advised of the utility billing procedures of the City of Washington and have received the new customer information.

ACCOUNTS SUBMITTED FOR OUTSIDE COLLECTION WILL BE SUBJECT TO A 25% ADMINISTRATION FEE PER CITY ORDINANCE.

SIGNATURE: _____

Per the City of Washington Red Flag Policy, a Photo ID may be required in order to establish new accounts.

You may periodically be required to update account information at the City's request.

Disclosure: SSN is optional, and will be used to verify identity, and/or for collection purposes.