



CITY OF KINGMAN
 324 NORTH MAIN/PO BOX 168
 KINGMAN, KANSAS 67068
 PH: 620-532-3111 FAX: 620-532-2147
 www.cityofkingman.com

A GREAT PLACE TO LAND!

| For Office Use Only | |
|--------------------------|--|
| Deposit | |
| Work Order | |
| Copy of DL/ID | |
| Copy of SS # | |
| Copy of rental agreement | |

RESIDENTIAL APPLICATION FOR UTILITIES

Billing Name (Please Print) _____

Home Phone _____ Social Security Number _____

Cell Phone _____ Email _____

Employer _____ Phone _____

Spouse/Secondary Billing Name _____ Cell Phone _____

Social Security Number _____ Email _____

Employer _____ Phone _____

Former Address _____

(Street) (City) (State/Zip)

New Address _____

(Street)

Will you rent or own the property? _____ RENT _____ OWN

***If you rent or lease, a copy of the agreement with your name as the leaseholder must be provided. If a copy is unavailable, a letter from the landlord verifying you are the lease holder will need to be provided.**

Billing Address _____

(Street) (City) (State/Zip)

Billing Preference: _____ PAPER _____ E-BILL to Email _____

Has anyone in your household lived in Kingman before? YES NO

If YES, under what name(s) _____

At What Address _____

In case of an emergency and we can not reach you please provide a contact other than the account holder(s) whom we may we contact if there are problems with your service.

NAME _____ PHONE _____

I Authorize The City of Kingman to Release Information About My Account To:

Name _____ Relationship _____ Last four of SSN _____

Name _____ Relationship _____ Last four of SSN _____

List all persons over 18 living at this address:

Name _____ Social Security Number _____

Cell Phone _____ Email _____

Employer _____ Phone _____

Name _____ Social Security Number _____

Cell Phone _____ Email _____

Employer _____ Phone _____

Name _____ Social Security Number _____

Cell Phone _____ Email _____

Employer _____ Phone _____

Name _____ Social Security Number _____

Cell Phone _____ Email _____

Employer _____ Phone _____

Applicates Signature(s):

Signature _____ Date _____.

Signature _____ Date _____

***The City requires a letter of credit with good payment history or a \$100 deposit for electricity and a \$50 deposit for water.**

****Services will not be turned on until all persons on the account have submitted a copy of their driver's license and social security card or driver's license with appropriate deposit (per Ordinance #1990), if social security card not provided. There will be no exceptions to this rule.**

APPLICATION CHECKLIST

_____ Completed Application

_____ Copy of Driver's License or State-Issued ID

_____ Copy of Social Security Card or other verification document of SSN

_____ Copy of lease, rent to own agreement, or letter from landlord listing applicants and all authorized residents for the property.