

City of Auburn

161 W 9th Street - PO Box 160 - Auburn, KS 66402

Telephone 785-256-2426 - Fax 785-256-2908

UTILITY SERVICE APPLICATION Today's Date: _____

Primary Applicant (last, first, middle)	Date Service is to start
Service Address	Mailing Address (If different from service address)
OWN RENT	Landlord Name, Address and Phone
Social Security #	Drivers License #
Home Phone	Work Phone
Mobile Phone	
Employer	Employer Address

CURRENT PHOTO ID, SOCIAL SECURITY NUMBER, COMPLETED APPLICATION AND DEPOSIT REQUIRED AT TIME OF CONNECTION.

Co-Tenant Information required. Persons listed as co-tenants will be responsible for the utility service in the event of default by the primary applicant.

Secondary Applicant (last,first, middle)	Social Security #
Employer	Driver's License #
Employer Address	Home Phone
Work Phone	Mobile Phone

Applicant(s) understand that the use of said utility services will be governed by the ordinance of the City of Auburn, Kansas, that the present rates may be changed from time to time by action of the Governing Body of the City, and that the City does not warrant and insure the uninterrupted service of any utility. Applicant agrees to abide by all laws and ordinances concerning the use and prompt payment for such utility service.

The Privacy Act regulates the use of Social Security Numbers by government agencies. The City of Auburn 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. Failure to disclose required SSN will result in a denial of utility services.

Signature (Primary Applicant) _____

Signature (Secondary Applicant) _____

Office Use Only

Acct# _____

Beginning Reading: _____
