

CITY OF KINGMAN

324 NORTH MAIN/PO BOX 168 KINGMAN, KANSAS 67068

PH: 620-532-3111 FAX: 620-532-2147

www.cityofkingman.com

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	none Social Security Number			
ell PhoneEmail				
Employer	Phone			
ouse/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? *If you rent or lease, a copy of the agreement unavailable, a letter from the landlord verifyin		older must be provided. If a copy is		
Billing Address				
(Street) (City)		(State/Zip)		
Billing Preference:PAPER	E-BILL to Email			
Has anyone in your household lived in k	Kingman before? YES	NO		
If YES, under what name(s)				
At What Address				
In case of an emergency and we can no holder(s) whom we may we contact if t	t reach you please provide			
NAME	PHONE			

I Authorize The City of Ki	ngman to Release Informa	ition About My Account To:	
Name	Relationship	Last four of SSN	
		Last four of SSN	
List all persons over 18 liv	ing at this address:		
Name	Social Sec	curity Number	
Cell Phone	Email		
Employer		Phone	
Name	Social Sec	Social Security Number	
Cell Phone	Email	Email	
Employer		Phone	
Name	Social Sec	Social Security Number	
Cell Phone	Email		
Employer		Phone	
Name	Social Sec	Social Security Number	
Cell Phone	Email		
Employer		Phone	
Applicates Signature(s):			
Signature		_ Date	
Signature		_ Date	
water. **Services will not be turned social security card or driver's provided. There will be no ex APPLICATION CHECKLIST Completed Application Copy of Driver's License Copy of Social Security	on until all persons on the acc slicense with appropriate depo sceptions to this rule. e or State-Issued ID Card or other verification doc	ory or a \$100 deposit for electricity and a \$50 deposit for ount have submitted a copy of their driver's license and osit (per Ordinance #1990), if social security card not ument of SSN landlord listing applicants and all authorized residents for	