

# City of Kingman

324 N. Main, Kingman, KS 67068

Office: 620-532-3111 Fax: 620-532-2147

## Business Application for Light and Water

Billing Name (Please Print): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ TIN # \_\_\_\_\_

Billing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Owner # 1: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Owner # 2: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

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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 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_