

**CITY OF PARK CITY**  
**WATER & SEWER APPLICATION**

*Please Print*

Co-account holder \_\_\_\_\_

NAME \_\_\_\_\_  Authorized Person \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ EMAIL \_\_\_\_\_

Name Number Printed Bill Copy \_\_\_\_\_ (Additional \$.75 fee)

2<sup>nd</sup> CONTACT \_\_\_\_\_ Emailed Bill Copy \_\_\_\_\_

Name Number

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***BILLING ADDRESS IF DIFFERENT:***

STREET OR POST OFFICE BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_

LANDLORD NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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***EMERGENCY (Someone not living at this residence)***

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

CO-ACCOUNT EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ CO-ACCOUNT SSN \_\_\_\_\_

I hereby make application to the City of Park City, Kansas for water to be delivered to me at the meter serving the premises known as the above mentioned service address for use on such premises exclusively. I hereby agree to pay by the 15<sup>th</sup> day of each month for all charges billed according to the established procedure and rates. I further agree that my use of water and sewer and the payment therefore shall be subject to and governed by the rules and regulations regulating the same which are or may be adopted by the City Council of Park City from time to time. No oral statement shall change the terms of this obligation. All unpaid fees or charges for utility services provided by the City that are turned over for collection, including referral to the State of Kansas Set-Off Program, shall be subject to an administrative fee of 25% of the total of the unpaid amount. This administrative charge shall be applied to the unpaid balance prior to referral for collection.

**PHOTO ID REQUIRED**

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

Co-account Signature \_\_\_\_\_ Date \_\_\_\_\_

***Office use only***

DEPOSIT AMOUNT \_\_\_\_\_

RECEIPT # \_\_\_\_\_

SERVICE START DATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_