

CITY OF PARK CITY
WATER & SEWER APPLICATION

Please Print

PRIMARY NAME _____ Co-account holder _____
 Authorized Person _____

SERVICE ADDRESS _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

Printed Bill Copy _____ (Additional \$.75 fee)

2nd CONTACT _____ Emailed Bill Copy _____
Name Number

SOCIAL SECURITY NUMBER _____ CO-ACCOUNT SSN _____

EMPLOYER _____ PHONE _____

CO-ACCOUNT EMPLOYER _____ PHONE _____

BILLING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS:

STREET OR POST OFFICE BOX _____

City _____ State _____ Zip _____

OWN _____ RENT _____

LANDLORD NAME _____ PHONE _____

EMERGENCY (Someone not living at this residence)

CONTACT NAME _____ PHONE _____

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 15th 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 # _____