Date: _____ Premise# _____ Customer# _____

City of Hoisington

Utility Service Contract

Persons requesting utility service must complete and sign a utility service contract and provide current government issued photo I.D.

It shall be the policy of the City that any and all debts owed the City be paid before service will be established. In the event a utility customer becomes delinquent on the utility service, or incurs a debt with the City for any other reason, utility service may be discontinued if the debt remains unpaid after notification of the amount due.

Persons requesting utility service must provide either proof of ownership for the residence on which utility service is being requested, or a rental/lease agreement showing all tenants and co-tenants for the location. The landlord's name, address and phone number must be provided at the time utility service is requested.

A non-refundable service connection fee must be paid prior to service being established.
Electricity: $150.00
Water: $100.00

*** PHOTO ID IS REQUIRED OR UTILITY SERVICES WILL NOT BE PROVIDED! ***

Applicant Printed Name: _____

Business Name: _____ FIN#: _____

Date of Birth: _____ SSN: _____

Driver's License No.: _____ State: _____

Phone Number: _____

Employer: _____ Phone: _____

Would you like an e-bill? ☐Yes ☐ No

E-mail Address: _____

Would you like to sign up for AutoPay? ☐Yes ☐ No

Co-Applicant Printed Name: _____

Date of Birth: _____ SSN: _____

Driver's License No.: _____ State: _____

Phone Number: _____

Employer: _____ Phone: _____

Total Number of Occupants including Children: _____

List names of ALL individuals over 18 who will be occupying this address: _____

_____

Have you or the co-applicant(s) lived in the City of Hoisington before? ☐Yes ☐No

If so, under what name? _____

*** Please complete BOTH sides of this page. ***

Date: _____ Premise# _____ Customer# _____

New Service Address: _____

Mailing Address: _____

Do you own or rent this property? ☐ OWN ☐ RENT

If renting: Landlord Name: _____

Landlord Phone Number: _____

Landlord Address: _____

Type of Service: ☐ Residential ☐ Commercial ☐ Industrial

****

Emergency Contact (not occupying this address): _____

Emergency Contact Phone: _____

Emergency Contact Address: _____

_____ _____

Signature of Applicant Signature of Co-Applicant

Office Use Only

*** Please complete BOTH sides of this page. ***