

**City Clerk's Office**  
509 5th Street  
PO Box 37  
Osawatomie, Kansas 66064  
(913) 755 - 2146  
cityclerk@osawatomieks.org



**City Hall**  
439 Main Street  
PO Box 37  
Osawatomie, Kansas 66064  
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info@osawatomieks.org

## APPLICATION FOR TRANSFER OF UTILITY SERVICES

TO BE ELIGIBLE FOR A TRANSFER YOU MUST BE CURRENT ON ALL ACCOUNTS THAT ARE DUE TO THE CITY. IF YOU ARE ADDING OR REMOVING AN APPLICANT YOU ARE INELIGIBLE FOR A TRANSFER.

**APPLICANT:** \_\_\_\_\_ **MAIDEN NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_ **D.L. #:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE #:** \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_ **MAIDEN NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_ **D.L. #:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE #:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

**NEW SERVICE ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT OR PO BOX):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **Paperless Billing?** \_\_\_\_ **Yes** \_\_\_\_ **No**

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**OWN:** \_\_\_\_\_ **RENT:** \_\_\_\_\_ **LANDLORD:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**YOU MUST HAVE THE NAME OF YOUR LANDLORD, RENTAL LEASE AGREEMENT OR PROOF OF OWNERSHIP, AND A PICTURE ID WITH YOUR NAME ON IT OR YOU WILL NOT BE GIVEN SERVICE.**

(Statement of Agreement and Signatures on Following Page)

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### **Statement of Agreement and Signatures**

I/we have received a copy of the City of Osawatomie Utility Customer Policy Statement.

I/we acknowledge that City of Osawatomie will charge me any costs they have incurred through recovering unpaid amounts from me, including costs they may incur through the use of external debt collection agencies.

I/we agree to abide by all rules and regulations of the City of Osawatomie now in force, or hereafter to be fixed by the City, relating to the operations of its utilities; and to pay all bills for utility service received, used, or wasted during the period of this contact.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date