

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  
(913) 755 - 2146  
info@osawatomieks.org

## BUSINESS APPLICATION FOR ELECTRIC AND/OR WATER SERVICE

BUSINESS NAME: \_\_\_\_\_

Tax I.D. # \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_

Contact # \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_

Contact # \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Business Phone # \_\_\_\_\_ Utility Deposit \$ \_\_\_\_\_

Do you (choose one): ☐ Own ☐ Rent Landlords Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**ALL APPLICANTS MUST HAVE THE NAME OF YOUR LANDLORD, RENTAL LEASE OR PROOF OF OWNERSHIP, AND A PICTURE ID WITH YOUR NAME TO RECEIVE SERVICE.**

I/we have received a copy of the City of Osawatomie Utility Customer Policy Statement. I/we agree to abide by all the 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 contract.

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 further agree to deposit the required amount of security for the payment of all bills rendered. This agreement to be in effect from the date hereof to date service is discontinued upon rendered.

*(continued on next page)*

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This agreement to be in effect from the date hereof to date service is discontinued upon request or for other reason by the City.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **ADDITIONAL BUSINESS EMERGENCY CONTACTS**

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

Business Name: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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*The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.*

**Ethnicity**

☐ Hispanic or Latino

☐ Not Hispanic or Latino

**Sex**

☐ Male

☐ Female

**Race (Mark all that apply)**

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander