CITY OF WILLIAMSBURG, KANSAS

123 WEST WILLIAM, P.O. BOX 414, WILLIAMSBURG, KANSAS 66095
TELEPHONE (785) 746-5578 • FAX (785) 746-4004
EMAIL: cityofwburg@williamsburgks.us • WEBSITE: www.cityofwburg.com

UTILITY SERVICE APPLICATION

PLEASE PRINT

Name of Primary Applicant: _____ Date of Application: _____

Name of Secondary Applicant: _____

Driver's License #: _____ State: _____

Social Security #: _____Date of Birth (mm/dd/yyyy) ____/____/_____

Home Phone #: _____ Work Phone/Ext: _____

Service Address: _____

Mailing Address: _____

Email:_____Do you wish to have your bill sent by email? Yes/No

Date to start service at above location: _____

Trash Service: Number of Carts requested: 1, 2, 3

Check One: □ Homeowner □ Rental, *If rental, give name of Landlord* _____
□ Realtor/Property Manager

Have you or the secondary applicant had services with the City of Williamsburg before? □ No □Yes
If yes, when _____and what address _____.

THE CITY OF WILLIAMSBURG CHARGES A MINIMUM MONTHLY WATER CHARGE REGARDLESS OF USEAGE AND GARBAGE COLLECTION IS MANDATORY.

AGREEMENT

To guarantee the payment of any and all indebtedness for water, sewer,and trash service and water usage or otherwise, which may be or may become due to the City of Williamsburg, Kansas. This deposit is made with the express understanding and agreement that all or any part thereof may be applied by the City of Williamsburg, Kansas at any time in satisfaction of said guarantee, and that the City of Williamsburg, Kansas may use said deposit as fully as if it was absolute owner thereof. Upon discontinuance of service covered by this deposit and the presentation of this receipt together with proper identification, the City of Williamsburg, Kansas agrees to issue a refund to the person lawfully entitled thereto said deposit less any amount due to the City of Williamsburg, Kansas for water, sewer, and sanitation services.

I. **I UNDERSTAND AND AGREE THAT I AM RESPONSIBLE FOR ALL CHARGES FOR UTILITY SERVICES AT THE ABOVE ADDRESS, AND WILL CONTINUE TO BE RESPONSIBLE FOR SAME UNTIL SUCH TIME AS I REQUEST TERMINATION OF SERVICES.**

II. **IT IS THE APPLICANTS RESPONSIBILITY TO ENSURE THAT ALL FAUCETS AND WASHING MACHINE HOOK--UPS ARE OFF AND SECURE. THE CITY OF WILLIAMSBURG SHALL NOT BE HELD RESPONSIBLE FOR ANY WATER DAMAGE AS A RESULT OF OPEN FACUETS AND HOOK-UPS.**

_____
SIGNATURE OF APPLICANT

*MAKE CHECKS PAYABLE TO: **CITY OF WILLIAMSBURG**

FOR OFFICE USE ONLY

ACCOUNT NO: _____ CONNECT DATE: _____ DEPOSIT AMOUNT: _____
SA No. _____