

City of Ellsworth

121 W. First Street, P.O. Box 163; Ellsworth, Kansas 67439 Office 785-472-5566 Fax 785-472-4145

Utility Service Application

REQUIRED: Photo Identification, Social Security Number, Completed Application, Connection Fee
All outstanding balances must be paid in full.

Primary applicant must reside at the service address or be the owner of the service address.

Primary Applicant Name	Date Requested
Service Address	Mailing Address (if different)
(circle one) OWN RENT	Landlord Name
Social Security Number	Date of Birth
Home Telephone Number	Driver's License Number
Employer Name	Work Telephone Number

Co-Tenant Information Required (Any person 18 or older residing at this address)

Persons listed as co-tenants will be responsible for the utility service in addition to primary applicant.

Name	Date of Birth
Social Security Number	Driver's License Number
Name	Date of Birth
Social Security Number	Driver's License Number

Signature _____ Signature _____

Signature _____

If your household situation changes, (ex. adults living in the home) you are required to complete a new service application.

The Privacy Act regulates the use of Social Security Numbers (SSN) by government agencies. The City of Ellsworth requires the mandatory disclosure of Social Security Numbers upon completing a service application. The SSN may be used to collect delinquent account balances through the State of Kansas Setoff Program or contracted collection agency. No other use or distribution of SSN will be allowed. Failure to disclose required SSN will result in denial of service.