



CITY OF ELLIS

815 Jefferson, Ellis, Kansas 67637
785.726.4812 Phone
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UTILITY SERVICE AGREEMENT

All delinquent water/sewer/trash bills due to the City of Ellis in the name **of any adult occupant** (18 years of age or older) **MUST BE PAID IN FULL BEFORE** receiving services at the address below.

A photocopy of a government-issued photo ID, a signed completed application (must be 18 years of age or older), and payment of the non-refundable application fee in full is required **BEFORE** receiving services at the address below.

SERVICE INFORMATION

Service Address: _____ **Start Date:** _____

Services Requested: *Water*____ *Sewer*____ *Sanitation*____ **Total Number of people in the household** _____

Number of occupants over age 18 years _____

Occupancy Type: *Own*____ *Rent*____ *Landlord*____ If renting, landlord's name _____

APPLICANT INFORMATION

Name _____ **DOB** _____
(Include maiden or alias names)

SS#/Resident Card #/EIN # _____ **DL #/ ID Card #** (include issuing State) _____

Employer & Address _____ **Work Phone #** _____

Home Phone # _____ **Cell Phone #** _____ **Email** _____

Mailing Address (if different from service address): _____

CO-APPLICANT * INFORMATION

**Any non-dependent persons 18 years or older* residing at this address. Use extra paper if needed.

Name _____ **DOB** _____
(Include maiden or alias names)

SS#/Resident Card # _____ **DL #/ ID Card #** (include issuing State) _____

Employer & Address _____ **Work Phone #** _____

Home Phone # _____ **Cell Phone #** _____ **Email** _____

Applicant(s) shall pay any and all charges related to the reasonable costs of collection of water, sewer, and sanitation services. The costs of collection include, but are not limited to, court costs, surcharges, attorney fees, and collection agency fee, except that such costs of collection may not include both attorney fees and collection agency fees.

I certify that the above information is true and correct. I understand that if any of the above information changes, I will notify the City of Ellis as soon as possible. I acknowledge that I have received a copy of the City of Ellis *Customer Information Booklet*.

Applicant Signature

Date

Co-Applicant Signature

Date

DOG OWNER YES____ NO____ **NUMBER OF DOGS** _____ **CURRENT CITY TAGS?** YES____ NO____ **TAG #** _____