APPLICATION FOR UTILITY SERVICE

With

City of Windom

611 Main Street / PO Box 38
Windom, KS 67491
620-489-6221
cityofwindomkansas@gmail.com
https://cityofwindomks.wixsite.com/mysite

REQUIRED:
Photo ID (driver's license)
*Social Security Number *SSN*
Complete Application
Connection Fee of $75.00
Check#_____ Receipt#_____
Authorization Number:_____

We do not keep Cash at City Hall. Any change will be credited to your account

DATE: _____

NAME: _____, **SS #**_____

DATE OF BIRTH: _____ Driver's License / State: _____

EMPLOMENT: EMPLOYER NAME: _____

ADDRESS: _____
CITY STATE ZIP PHONE

SPOUSE'S NAME: _____, **SS #**_____
(OR OTHER ADULT RESIDING AT RESIDENCE)

DATE OF BIRTH: _____ Driver's License / State: _____

EMPLOMENT: EMPLOYER NAME: _____

ADDRESS: _____
CITY STATE ZIP PHONE

SERVICE ADDRESS APPLYING FOR: _____

PROPERTY OWNER: _____
NAME PHONE

MAILING ADDRESS (If Different than Service Address):

_____
CITY STATE ZIP

PREVIOUS ADDRESS:

_____
STREET / BOX # CITY STATE ZIP

STATEMENT PREFRENCE: Email or Mail (If E-mail please provide below)

_____

PHONE NUMBER: _____ **PHONE NUMBER**: _____

SERVICES REQUEST: $75.00 Connection Fee WATER _____ NON-REFUNDABLE SERVICE
SEWER _____
TRASH _____ - Number of Carts Requested

Revised 5/24/2024

NUMBER OF DOGS _____

Sex of Pet: ☐F ☐M ☐Complete $5.00 ☐Spayed or Neutered: $ 1.00

DESCRIPTION: _____
NAME BREED COLOR

NUMBER OF CATS _____

Sex of Pet: ☐F ☐M ☐Complete $5.00 ☐Spayed or Neutered: $ 1.00

DESCRIPTION: _____
NAME BREED COLOR

All dogs, over 6 (six) months old, are required to be licensed within the City of Windom. Please bring proof of rabies vaccination as well as spay / neuter and a photo of each to the City Office. Please note: if you won a Pit Bull or Rottweiler breed, you must provide a proof of liability insurance in the amount of $50,000.

EMERGENCY INFORMATION:

NO. OF INDIVIDUALS THAT WILL BE RESIDING AT SERVICE ADDRESS: _____

LIST NAMES AND DATE OF BIRTH OF ALL INDIVIDUALS: _____

_____

_____

_____

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT: (List someone not living with you)

NAME:_____

ADDRESS:_____
CITY STATE ZIP

PHONE NO: _____

*__The Privacy Act regulates the use of Social Security numbers by government agencies. The City of Windom requests the 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.__

_____
APPLICANT SIGNAUTRE DATE:

_____
CITY CLERK SIGNATURE DATE:

Revised 5/24/2024