



APPLICATION FOR CITY UTILITIES

City of Glen Elder
213 S. Market Street
P.O. Box 55
Glen Elder, KS 67446-0055

Phone: 785-545-3322
Fax: 785-545-3342
Email: glcity@nckcn.com

I hereby make application for service at the address stated below. I agree to abide by the Rules and Regulations set by the Governing Body of the City of Glen Elder.

1. Connection fees for each meter, water and electric will be \$50.00.
2. The city shall collect a utility deposit of \$75.00 for water and \$75.00 for electricity refundable with interest after one year of service if the account is in good standing.
3. Any and all debts previously owed to the city must be paid before service will be established. All outstanding city utility bills must be paid in full prior to establishing service at another address within the city.
4. Each person of legal age who resides at a premises shall be deemed to have received the benefit of utility service and shall be liable for payment whether or not the service is listed in that person's name.
5. The following can lead to discontinuance of service: failure to pay bill when due, violation of city ordinances, resolutions or departmental rules, unsafe conditions, tampering, bypassing or unauthorized metering, or denying utility right access to the premises.
6. Utility bills will be mailed on or about the first day of the month. Payment is due on the 10th of the month. Past due notices will be sent one time after the 11th of the month stating the past due balance is due on or before the 20th day of the month. If the bill remains unpaid, service will be disconnected and will not be connected again until all past due payments and reconnect fees are paid. Reconnect fees are \$50.00 for water and \$50.00 for electric meters.

Applicant #1, Full name: _____ **Place of Employment:** _____
If business, business name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Date of Birth: ____ / ____ / ____ **Social Security Number:** _____
Driver's License Number: _____ **State:** _____
Home Phone Number: (____) _____ **Cell Phone Number:** (____) _____
Email: _____
Signature: _____

Applicant #2, Full name: _____ **Place of Employment:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Date of Birth: ____ / ____ / ____ **Social Security Number:** _____
Driver's License Number: _____ **State:** _____
Home Phone Number: (____) _____ **Cell Phone Number:** (____) _____
Email: _____
Signature: _____

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*Picture I.D. is required for utility service to be provided.

Address of service request: _____ **Date service requested:** ____ / ____ / ____
Type of Service (circle one): Residential / Commercial **I own / rent this property.**
Names of those age 18+ who will occupy this address: _____
Your previous address: _____ **City:** _____ **State:** _____ **Zip:** _____
Length of time at that address: _____ **Previous utility company:** _____

Have you or other applicant (s) lived in Glen Elder before? Yes / No If yes, under what last name? _____

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For Office Use Only:

Date of Connection: _____
Meter Number: _____ **Account Number:** _____
New service connection: ____ **Transfer service connection:** ____
Light connect fee: _____ **Water connect fee:** _____ **Note:** _____