



APPLICATION FOR RESIDENTIAL UTILITY SERVICE

1 Morgan Drive ♦ Oberlin, KS 67749 ♦ Phone: 785-475-2217 ♦ Fax: 785-475-2925 ♦ Email: mketterl@oberlinkansas.gov

Application requirements: 2 forms of identification and property lease agreement or proof of ownership

Date: _____ Account Number: _____

Applicant Name: _____ Gender: () M or () F

Service Address: _____ Service Request Date: _____

Mailing Address (if different): _____

Previous Address: _____ Do you need to transfer services? Yes () No ()

Disconnect Date for services at previous address: _____ Previous Account Number: _____

Social Security #: _____ Driver's License or ID #: _____ State: _____

Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____

Employer's Name, Address & Phone #: _____

Co-Applicant Name: _____ Gender: () M or () F

Relationship to Applicant: _____ Phone #: _____ Date of Birth: _____

Social Security #: _____ Driver's License or ID #: _____ State: _____

Employer's Name, Address & Phone #: _____

Please list name(s) of all occupants who will reside in home:

Have you had services previously with The City of Oberlin? Yes () No ()

Do you rent () or own () Landlord's Name: _____ Phone #: _____

The Applicant, whose signature appears below, applies to The City of Oberlin for some or all of the following services: Electric, Water, Sewer, Garbage and other services incident thereto, to be supplied at the address herein described, and upon request, at any other local address to which Applicant may move. The Applicant agrees to pay for said services as bills are rendered therefore, in accordance with the rates, rules and regulations as provided in the City Ordinances as now existing or as may be enacted and in effect at the time of delivery, regardless of who the consumer might be. The Applicant further agrees to release and discharge said City of Oberlin from a liability for damages suffered (1) by reason of electric or water currently furnished to the premises, or (2) by reason of interruption, discontinuance or disconnection of service hereunder from any cause other than negligence by the City of Oberlin or (3) by reason of the condition, maintenance, location, or existence of any of the facilities, fixtures or systems located on or adjoining the property supplied and by which services are furnished and delivered. Service requests for disconnections will be processed within 48 hours. Applicant agrees to follow all current or as amended policies and procedures established in the Oberlin City Ordinances. Such policies and procedures can be found on the links provided here: www.oberlinkansas.gov

Applicant Signature

Date

Co-Applicant Signature

Date

Connection Questionnaire

Would you like your payments drafted from your Bank Account?
**Enrollment forms are available on our website at
<http://oberlinkansas.gov/DocumentCenter/View/280>
Please note that transferring services will require setup of a new
account to continue with automatic bank draft.

Yes () No ()

Do you have another person or agency you would like a copy of
your statements mailed to?

Yes () No ()

I acknowledge that the above information has been explained to me, and I understand the options I have chosen will be
applied to my account and any forms to be filled out must be returned within 10 days of the date of connection.

Applicant Signature

Date

Social Security Number Privacy Policy

Protection of Information

The City of Oberlin recognizes the importance of maintaining the confidentiality of the social security number and shall
protect this information at all times by storing it electronically. Access to this information shall be limited to City of
Oberlin customer service employees only. This information shall be destroyed approximately four years after the
customer terminates all services unless kept for collection purposes. This information may be provided to credit or
collection agencies.

I acknowledge receipt of this privacy notice.

Printed Name

Date

Applicant Signature