

Request for Utilities Service/Activation

City of Overbrook

401 Maple, Po Box 288, Overbrook, KS 66524

Phone: 785-665-7328 Fax: 785-665-7543

Owner's Full Name: _____ Soc. Sec. # _____
Last First Middle

Spouse's Name _____ Soc. Sec. # _____

Address of Premises to be served: _____

Mailing Address if different: _____

Home Phone: _____ Cell Phone: _____ Email _____

Please list two previous utility service references, include address and phone number:

1. _____

2. _____

Consumer Responsibility for Utility Services:

Payment: The applicant agrees to pay monthly for the utility services rendered by the City of Overbrook. Services include water, sewer and trash. Charges for service be made at the regular established rates. It is the consumer's responsibility to review the monthly bills for accuracy and notify the City of any concerns.

Delinquency: Payment for services is due by the date specified on the billing statement. If not paid by the due date reflected on such billing a penalty shall be assessed.

Reasonable Access: The applicant shall permit the City's authorized representatives to enter on the customer's premises at all reasonable times for purposes connected with rendering, billing, or disconnecting utility services. Services may be terminated if reasonable access is not permitted.

Termination of Services: The applicant agrees to be responsible for the payment of utility charges incurred at these premises until their responsibility is terminated in one of the following ways:

1. By mutual agreement evidenced in writing and signed by the City and the applicant.
2. By a two day written notice to have services disconnected and the City physically terminating the service.
3. By the proper assumption of the payment responsibility by a party acceptable to the City and upon completion of an application for service by the other party.

Signature of Applicant

Date

Office Use Only:

First Time Service Fee: \$75.00

Paid

Account # _____

Work Order # _____

Transfer from address _____

Transfer from Acct. # _____ Disconnect Date _____

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