## **City of Burlingame Utility Service Agreement**

101 East Santa Fe, Burlingame, KS 66413 785-654-2414

## REQUIRED: Photo I.D., Social Security Number, Complete Application, Deposit All outstanding balances must be paid in full

If Person applying for utilities is renting a property, copy of the rental agreement must be provided.

## **Primary Applicant**

Fillially Applicant		
Primary Applicant		Date Requested
Service Address		Mailing Address (if different)
Own	Rent	Landlord
Social Security #		Date of Birth
Driver License #		Employer
Home/Cell Phone #		Emergency Contact #
Race/Nationality		Email Address (to send utility bill)
Co-Tenant Information Req	uired (any person 2	18 or older residing at their address)
		he utility service in addition to primary applicant
Name		Date of birth
Social Security #		Driver License #
Burlingame requires the mandatory The SSN may be used to collect delin contracted collection agency. No ot SSN will result in denial of service.	disclosure of Soc nquent account b ther use or distrib	Ine:(MUST BE SIGNED AT City Hall)  Sumbers (SSN) by government agencies. The City of  Scial Security Numbers upon completing a service application.  In alances through the State of Kansas Setoff Program or  Solution of SSN will be allowed. Failure to disclose the required
Termination of Service – Applicants Termination Date:  Signature:	are required to r	notify the City in writing when terminating service. warding Address:
Revised 12/5/2022		