

CITY OF SENECA, KANSAS
LIGHT, WATER AND SEWER SERVICE APPLICATION
.....

NAME: _____

PREVIOUS SERVICE WITH THE CITY OF SENECA? (YES) (NO)

(IF YES, NAME: _____ ADDRESS: _____)

ADDRESS OF SERVICE REQUEST: _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE: _____

TELEPHONE (HOME): _____ CELL: _____

SOCIAL SECURITY #: _____

SPOUSE OR ROOMMATE'S NAME : _____

YOUR PLACE OF EMPLOYMENT: _____ PHONE: _____

TYPE OF SERVICE: (RESIDENTIAL) (COMMERCIAL) (INDUSTRIAL)

DO YOU: (OWN) (RENT)

OWNER OF RESIDENCE (LANDLORD): _____

PHONE NUMBER OF OWNER: _____

YOUR PREVIOUS ADDRESS: _____

Please designate a contact person not living in the same location to be notified in case of emergency or disconnection of service. It will be necessary for you to inform this person that they are your emergency contact person.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

As the applicant for service, I request the City of Seneca to furnish the following services as set forth in the City Ordinances and the service policies and condition of the Board of Public Works.

LIGHT WATER SEWER

For receipt of such services I agree to pay the Seneca Light & Water Department all charges as determined by the rates approved by the Seneca City Council. I, the customer, agree to notify the Seneca Lights & Water Department when the services are no longer desired.

Applicant Signature: _____ **Date:** _____