



# City of New Strawn

215 N. Main Street, New Strawn, KS 66839  
Ph: 620-364-8283 FAX: 620-364-5110

## Application for Utilities

Service Address \_\_\_\_\_

Bill to Name: \_\_\_\_\_

Owner       Tenant       Landlord

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Home/CellPhone \_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

### PHOTO ID REQUIRED TO RECEIVE SERVICE

**New Service Connection Non-Refundable Fee \$120**  
**Non-Refundable Reconnection Fee \$50 (if applicable)**

Service Start Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Owner/Tenant Signature \_\_\_\_\_

*for office use only*

Water       Sewer       Trash

Acct # \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Location \_\_\_\_\_

Sequence # \_\_\_\_\_

Beginning Water Meter Reading \_\_\_\_\_ Read by \_\_\_\_\_