



CITY OF HAYSVILLE

Utility Billing

400 W Grand
PO Box 404
Haysville, KS 67060
Phone: 316/529-5900
www.haysville-ks.com

**New and Transfer
Water Service Form**

The undersigned agree to abide by the established Rules and Regulations and Ordinances now in force or which may hereinafter be enacted or adopted for the government and regulations of said City and to pay services at the regularly established rates. This application is an exclusive contract between the City of Haysville and the undersigned at the stated address. The undersigned is to be responsible for the payment for water service and/or sewer service at the premises to which service may be transferred, from the date service under this application is commenced until service is terminated by the undersigned responsible or for other reasons by the City. **Any balance not paid in full by due date is considered past due and the account is subject to disconnection of water or sewer services. Late fees and costs of collection are also applicable.**

TODAY'S DATE: _____ HOMEOWNER TENANT LANDLORD*

*Landlord - Revert to Landlord when tenant leaves DO NOT Revert to Landlord when a tenant leaves

NAME: _____ SOCIAL SECURITY/TAX ID #: _____

PHONE: _____ EMAIL: _____

CO-APPLICANT NAME: _____ SOCIAL SECURITY #: _____

PHONE: _____ EMAIL: _____

SERVICE ADDRESS: _____ DATE TO START NEW SERVICE: _____

BILLING ADDRESS (IF DIFFERENT): _____

SERVICE TRANSFERS (CURRENT CUSTOMERS ONLY):

CURRENT ADDRESS: _____

DATE TO DISCONNECT SERVICE AT CURRENT ADDRESS: _____

Paperless billing – I understand that by participating in paperless billing, I will not receive a water bill by mail. I understand it is my responsibility to inform the City of Haysville of email address changes or email service problems. I understand that I can cancel paperless billing at any time.

ACH Payments – Additional form required along with voided check.

X _____
Customer Signature

X _____
Co-Applicant Signature

*****WE REQUIRE A \$25 SERVICE FEE FOR NEW SERVICE OR A \$15 SERVICE FEE FOR TRANSFERS AND A COPY OF YOUR DRIVER'S LICENSE FOR ALL NEW ACCOUNTS AND TRANSFERS*****

OFFICE USE ONLY			
Date/Time Application Received: _____	<input type="checkbox"/> New Service	<input type="checkbox"/> Transfer	<input type="checkbox"/> Update Info
Fee Paid: _____	New Account # _____		