



**CITY OF HAYSVILLE**

**Utility Billing**

200 W Grand  
PO Box 404  
Haysville, KS 67060  
Phone: 316/529-5900  
[www.haysville-ks.com](http://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 #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DRIVERS LICENSE STATE: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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