



APPLICATION FOR SERVICES

| Water

| Sanitation
| Inside City Limits

| Sewer
| Outside City Limits

| Gas

Name (Please Print) _____

Spouse Name/Maiden Name _____

Service Address _____

Billing Address _____

Previous Address _____ Phone No. _____

Drivers License No. _____ Social Security No. _____

Employer _____ How Long _____

Do you own Property where service is requested? | Yes | No

If No, who does? _____

Address _____ Phone No. _____

Have you received service from the City of Parsons before? | Yes | No

When _____ Location _____

List other Utility Companies you had service with: _____

Credit References (1) _____ (2) _____

The applicant hereby agrees to comply and be bound with and be subject to all applicable Federal and State Laws, City Ordinances and Resolutions, Utility Department Rules and Regulations, and Public Works Department Rules and Regulations. If accepted, this application shall constitute a contract for services between said applicant and the City of Parsons.

I, the undersigned, do hereby understand and agree to the above requirements. All customers inside the city will receive sanitation service and are required to pay for services in accordance with City Rules and Regulations. To the best of my knowledge, I certify that the above information I provided is a true and accurate statement.

SIGNATURE OF APPLICANT

DATE

IF THIS UTILITY TURN ON IS A BUSINESS; DOES IT HAVE A COMMERCIAL KITCHEN?

| YES | NO

IF YES; MUST HAVE A GREASE TRAP IN COMPLIANCE WITH CITY OF PARSONS RULES AND REGULATIONS.

(GIVE GREASE CONTROL PAMPHLET BEFORE SERVICE IS TURNED ON)