APPLICATION FOR SERVICE CITY OF OTTAWA, KANSAS UTILITY DEPARTMENT



Date Service R	equested:		13
Customer Name:		SSN:	
Please furnish	service at	for the following p	urposes
Electric	Sewer & Water	_	
rules and regulatio City Utility Departmagreements.	ns applying to such service in the City of nent, to cancel this assignment. I/We un	ng at applicable rates, for the service furnished, and abid f Ottawa, until the undersigned gives notice, at the offic nderstand the bill shall be paid promptly within these te Email Both	e of the
Mailing Addres	ss (if different than above):		
Other Occupar	nts:	SSN:	
Other Occupar	nts:	SSN:	
Email:			
Phone:	Se	econdary Phone:	
Signature:		Date:	
	Acknowledg	gment of Individual	
STATE OF _			
COUNTY OF			
This instrume	nt was acknowledged to me	e on [name(s) of person(s)].	(date)
Notary Public	:		
Print Name: _		[seal]	
My commission	on expires:		