

**Water Utility Service Application  
City of Pleasanton Kansas  
1608 Laurel Street - PO Box 399  
Pleasanton KS 66075**

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**Primary Name:** \_\_\_\_\_ **Primary Social Security #:** \_\_\_\_\_  
**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_ **Employer address:** \_\_\_\_\_  
**Date of issue:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_ **Employer phone #:** \_\_\_\_\_

**Secondary Name:** \_\_\_\_\_ **Secondary Social Security #:** \_\_\_\_\_  
**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_ **Employer address:** \_\_\_\_\_  
**Date of issue:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_ **Employer phone #:** \_\_\_\_\_

**Physical Location of Service:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Mailing Address of Service if different:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Rental:** \_\_\_\_\_ **Rent to Own:** \_\_\_\_\_ **Contract for Deed:** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Landlord Phone Number:** \_\_\_\_\_  
**Landlord Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Your Previous Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Secondary Email Address:** \_\_\_\_\_

**Type of Service:** Water & Sewer **Deposit Paid:** \_\_\_\_\_ **Service Start Date:** \_\_\_\_\_  
**Email billing:** \_\_\_\_\_ **Paper billing:** \_\_\_\_\_ **Payment type:** \_\_\_\_\_ **Service End Date:** \_\_\_\_\_

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**Please Read and Sign Below:**

I understand that a \$75.00 deposit is required for all applicants. Interest payments on the deposit are made annually and are refunded in accordance with Ordinance 1874 of the City of Pleasanton.

I understand that the billing statement for the account will be mailed and/or emailed to me on or about the 1<sup>st</sup> day of each month. Payment of the account may be made in person at City Hall 1608 Laurel Street, online at [www.pleasantonks.com](http://www.pleasantonks.com) (fees apply), mailed to PO Box 399 Pleasanton KS 66075 or by debit/credit card at the same address or over the phone at (913) 352-8257 (fees apply).

I understand that payment is due by the 10<sup>th</sup> of each month and that a late charge will be added to the bill if not paid on time. On the 15<sup>th</sup> of each month if the bill is not paid a late notice will be mailed. If the bill remains unpaid by the 21<sup>st</sup> of each month service is subject to disconnection. Reconnection fees may apply once service is restored. Reconnections due to non-payment may only be done Monday-Friday from 8:00am – 4:30 pm. If service is disconnected for non-payment, service will be restored within 2 business days once payment is received.

I understand that fees affiliated with collection on this account will be the responsibility of the named applicant(s)

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_