City of Bazine

214 S. Main
P. O. Box 43
Bazine, KS 67516

Phone: 785-398-2495

APPLICATION FOR WATER SERVICE

REQUIRED: Photo ID, Social Security Number * (SSN), Complete Application, Connection Fee

DATE: _____

SERVICE ADDRESS:_____ NUMBER IN RESIDENCE _____

NUMBER OF DOGS _____

NAME:_____ PHONE #:_____

MAILING ADDRESS:_____ SOCIAL SECURITY#: _____

PREVIOUS ADDRESS:_____ DR. LIC. #:_____

_____

_____ DATE OF BIRTH:_____

EMPLOYER:_____ PHONE # _____

SPOUSE'S NAME:_____ SOCIAL SECURITY#: _____

EMPLOYER:_____ DR. LIC. #:_____

DO YOU (circle one): Own Rent LANDLORD'S NAME:_____

PHONE # _____-

(You must have the name/number of your landlord or you will not be given water service.)

Pet Information

Breed _____ Sex_____ Spay/Neuter _____ Color _____

Pet's Name _____ Rabies Vaccination Exp. Date _____

ALL DOGS, OVER 6 (SIX) MONTHS OLD, ARE REQUIRED TO BE LICENSED WITH THE CITY OF BAZINE. PLEASE BRING PROOF OF RABIES VACCINATION AS WELL AS PROOF OF SPAY/ NEUTER TO THE CITY OFFICE TO LICENSE YOUR DOG(S).

*The Privacy Act regulates the use of Social Security Numbers by government agencies. The City of Bazine requests the disclosure of Social Security Numbers upon completing a service application. The SSN may be used to collect delinquent account balances through the State of Kansas Setoff Program or contracted collection agency. No other use or distribution of SSN will be allowed.

POLICY FOR SERVICE CONNECITON FEES, PAYMENT FOR SERVICES, DELINQUENT ACCOUNTS AND TERMINATION OF SERVICE

The City shall bill account holders on or about the 1st day of each month following the period for which the indebtedness was created and shall be payable for the use on or before the 15th of the month following the period covered for said billing. Any bills not paid when due, a 15% late charge will be added to bill. Bills not paid following the period covered shall be disconnected with a non-refundable deposit of $150.00 and a delinquency fee of $25.00 added to the balance due. After three (3) attempts to collect, the account will be submitted for collection either with the State of Kansas Setoff Program or contracted collection agency. Once the account has been submitted for collection the city will not accept any payment by the resident personally to the city. All payments are to be made directly to the State of Kansas Setoff Program or contracted collection agency. Service will not be restored until the total past due amount is paid in full.

Signature of person requesting service: _____

A $150.00 service connection fee is required for all new customers before service will be provided.

OFFICE USE

__Cash ___ Check Date Paid_____Approved by _____

(Updated request for information approved by Bazine City Council January 10, 2022)