

City Hall
326 N. Main
P.O. Box 338
Andale, KS 67001-0338

Phone: 316-444-2351
Fax: 316-444-2322

UTILITY SERVICE CONTRACT

Date _____

Name _____

Service Address _____

OWN _____

RENT _____

Landlord's Name _____

Landlord's Address _____

Landlord's Phone # _____

The City of Andale requires a current Government issued Photo I.D.

Your Mailing Address _____

Maiden Name and/or aliases _____

Previous Address _____ How long? _____

Social Security # _____ Birth Date _____

Drivers License # _____ Employer _____

Home Phone # _____ Work Phone # _____ Cell Phone _____

CO-TENANT INFORMATION REQUIRED* (Any person 18 or older residing at this address - use extra paper if necessary)

Name _____ Social Security # _____

Employer _____ Drivers License # _____

Name _____ Social Security # _____

Employer _____ Drivers License # _____

* If co-tenant information changes it is your responsibility to complete a new service application

In case of emergency contact:

Name _____ Phone # _____

Signature: _____

FOR OFFICE USE ONLY

Account # _____

Date of Service: _____

Forwarding Address: _____