

City of McLouth



110 N. Union Street
McLouth, KS 66054
913-796-6411
Fax: 913-796-6131

For office use only:

Amount Paid: \$_____.

Check #: _____ Cash

Received by: _____

Acct #: _____ - _____ - _____

Water * Gas * Sewer
Utility Deposit: \$300.00

This property is: **Commercial – Commercial Rental** (Circle One)

Name of applicant applying for utilities: _____

Business Name: _____

Social Security #: _____ Driver License #: _____

Social Security #: _____ Driver License #: _____
(Co-Owner)

Date taking possession: _____

Street address: _____ Mailing Address: _____

Phone: _____ Cell Phone: _____

E-mail address: _____

(Please have drivers license and social security card with you. We will need a copy for our records- Thank You)

Renters ~ Provide the name and address of the owner of this property:

Name of Landlord: _____

Address of Landlord: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

- Applicants applying for water service will automatically receive sewer service.
- If this is a **new installation**, a separate application must also be completed for water, sewer and gas.
- The utility deposit is required **before** services can be turn on.
- Gas Customers: Your presence is **required** for the gas to be turned on.

The information contained above is accurate to the best of my knowledge.

Owners Signature

Co-Owner Signature

Date
KE 01/13