

Municipal Water

Municipal Gas

Sewer System

Trash Service

City of Sylvania
 120 S. Main St. /P.O. Box 247
 Sylvania, Kansas 67581
Application for Utility Services

Name of Responsible Party: _____

Location Address: _____

Billing Address: _____ / _____ / _____
 Street Address PO Box City, State Zip

HOMEOWNER _____ LANDLORD _____ RENTER _____

Social Security # _____ Driver's License # _____

Copy of Driver's License YES NO Copy of Social Security Card YES NO

Phone Numbers: Home # _____ Cell # _____

Current Place of Employment: _____ Address: _____

City: _____ Phone Number: _____

*Spouse (and or) Additional Occupant living at address over 21 years of age:**Name:* _____*Social Security # _____ Driver's License # _____**Copy of Driver's License YES NO Copy of Social Security Card YES NO**Phone Numbers: Home # _____ Cell # _____**Current Place of Employment: _____ Address: _____**City: _____ Phone Number: _____***Check all City Services Wanted: (\$50.00) Water___ (\$200.00) Gas___ * (Sewer and Trash Mandatory if home is occupied)**

Connection Fee in the amount of: _____ Date Paid: _____

Desired Date of Service to Begin: _____

Do you own a dog? _____ How Many? _____

Did you receive a copy of the Dog Ordinance from the Sylvania City Office? YES NO

By signing this application, I certify that I am responsible for all bills acquired at this residence.**I understand that I must provide a copy of my driver's licenses and social security card before services will be turned on.**_____
PRINTED NAME:_____
SIGNATURE_____
DATE: