

# City of McFarland

518 Rock Island Rd.

P.O. Box 183

McFarland, KS 66501-0183

Tel.: 785 765 2265 – Fax.: 785 765 3700

## **APPLICATION FOR UTILITY SERVICE**

Circle service needed. Water related services will automatically be charged if water services are needed.

**Gas      Water      Sewer      Trash**

Primary Applicant (last, first, middle)	<b>Date Service is to start</b>
Service Address	Mailing Address for McFarland is a Post Office Box #
Landlord if Applicable	Mailing Address for Mail received in another city.
Landlord Contact Information / Address	Landlord Contact Phone Numbers Cell / Business
Social Security #	Driver's License #
Home Telephone # or Cell #	Number of other persons in household
Number of Children in Household	Number of other persons in household
Previous Address	Name of emergency contact person & contact number
<b>MILITARY COMMAND</b>	<b>UNIT</b>
<b>SUPERVISOR</b>	<b>TELEPHONE #</b>

**APPLICATION FOR TERMINATION OF PUBLIC UTILITY SERVICE**  
**AVAILABLE UPON REQUEST OR VISIT**  
**[WWW.MCFARLANDKANSAS.COM](http://WWW.MCFARLANDKANSAS.COM) AND PRINT THE FORM**

Payment of Utility Bills can be made by a payment drop box located on the south side of City Hall or by a mail using a stamped envelope and the address above. Walk-in payments made at City Hall are welcomed. Payments made after business hours (5 pm) on the 20<sup>th</sup> are credited to the next business day. **To end utility service, request a "Termination of Utility Service" and return to this office.**

Pet Information (Dog Tags are required on all Dogs owned by you, Pit Bulls and Pit Bull mix breeds are prohibited in the City Limits). All Dog Tags expire April 1<sup>st</sup>. of each year, residents have 30 days to pay dog tax show proof of rabies vaccination and purchase dog tags. Proof of Rabies Shot will be required. New residents have a 30-day grace period to purchase dog tags.

Rabies Vaccine Expiration Date	Dogs Name	Breed / Sex
Color	Spay / Neuter	License Fee \$

**Residents with delinquent dog taxes due will receive a notice to appear in Municipal Court.**

Utility Bills are normally printed and mailed out on the 9<sup>th</sup> or 10<sup>th</sup> of each month. Meters are read the first business day of the month, weather permitting. Payment is due by the 20<sup>th</sup> by 5 pm to avoid a 10% penalty on unpaid balances. Utility Bills are due (per City Ordinance) by the end of the month. A delinquent notice will be mailed on the 21<sup>st</sup> giving 7 days before a disconnect notice will be handed out. A delivery fee of \$10.00 per notice will result in a miscellaneous charge on next month's utility bill. If services are not paid and arrangements have not been made with the city clerk concerning that account, services will be shut-off. A disconnect fee of \$25 will be charged to that account. A reconnection fee of \$50.00 will be charged to reconnect services. All balances must be paid in full before service can be restored. **Services will not be provided to a property that has an unpaid balance.**

Applicant(s) understand that the use of said utility services shall be governed by the ordinances of the City of McFarland, Kansas, that the current rates may be changed as needed by the Governing Body of the City of McFarland, without notice to the applicant and that the City does not warrant and insure the uninterrupted service of any utility. Applicant agrees to abide by all laws and ordinances concerning the use and prompt payment for such utility services.

The Privacy Act regulates the use of Social Security Numbers (SSN) by government agencies. The City of McFarland requires the mandatory 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 distribution of SSN will be allowed. Failure to disclose required SSN would result in denial of utility services.

Signature (applicant): \_\_\_\_\_ Date: \_\_\_\_\_

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City Use Only

Received and Approved or denied the above application on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Reason for denial if applicable:

\_\_\_\_\_  
City Clerk: \_\_\_\_\_

