

City of Argonia
210 S. Main, P.O. Box 35,
Argonia, Kansas 67004
Phone: 620-435-6417
Fax: 620-435-6962
E-Mail: argonia@sutv.com

APPLICATION FOR UTILITY SERVICE

NAME: _____ **SSN:** _____
 last first middle

SPOUSE: _____ **SSN:** _____
 last first middle

DRIVER'S LICENSE: _____ **STATE:** _____ **EXP:** ___ / ___ / ___

DRIVER'S LICENSE: _____ **STATE:** _____ **EXP:** ___ / ___ / ___

SERVICE ADDRESS:

MAILING ADDRESS:

_____ no. street

 _____ city state zip

_____ no. street

 _____ city state zip

HOME PHONE: (_____) _____ - _____

EMPLOYER: _____ **SPOUSE EMPLOYER:** _____

WORK PHONE: (_____) _____ **WORK PHONE:** (_____) _____

NEAREST

RELATIVE: _____ **RELATIONSHIP:** _____
 name

ADDRESS: _____
 no. street

 city state zip

PHONE: (_____) _____ - _____

_____ signature date

The city requires either a \$300.00 deposit for a residence, a \$600.00 deposit for a business, or a letter of excellent credit from another utility company for 5 years. The city will bill for sewer, trash, water and gas. We will also need a copy of your drivers license. The above form needs to be filled out completely.