

City of Lebo, Kansas
9 E. 4th – P.O. Box 14
Lebo, KS 66856
620-256-6622

Start Date for Utility Service: _____

Services Provided through City: *Water/Sewer/Trash*

Property Owner Deposit: \$75 – refunded after 12 months

Renter Deposit: \$125 – kept until moved out; applied to final bill

Type: Business ____ Residential ____

Within City Limits: yes ____ no ____

Service Address (Physical Address): _____

Customer Name: _____

DL#: _____ Primary Phone: _____ Alt Phone: _____

Secondary Name: _____

DL#: _____ Primary Phone: _____ Alt Phone: _____

Billing Address: _____

Employer: _____ Work Phone: _____

List all additional adults on the lease agreement or other authorized users. Only names listed will be allowed to make billing arrangements, terminate an account, or reconnect services.

I hereby agree to take full responsibility of all utility billings for this address as of _____ until I notify the City that I/we no longer reside at this address and close my account.

Signature(s) _____

Date: _____

Dog owners: All dogs are required to be licensed, to be renewed annually
Registration Fee: Spayed/Neutered \$2.50 or Intact \$5.00

Rabies Vaccination Date: _____

Breed: _____ Sex: _____ Spay/Neuter: _____

Dog's Name: _____

Landlord/Property Information (if applicable)

Property Owner/Landlord: _____

Property Owner/Landlord Address: _____

Property Owner/Landlord Phone: _____

I, _____, as the property owner/landlord, do hereby certify I have received a copy of the utility policies of the City of Lebo.

Property Owner/Landlord Signature: _____

Date: _____