



UTILITY OFFICE  
P.O. BOX 489  
AUGUSTA, KS 67010  
PHONE: (316) 775-4555 FAX: (316) 775-4566

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL REFERENCE NUMBERS OR INFORMATION TO APPEAR ON BILLING

(i.e. Mortgage Number or Loan Number): \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_

Please transfer the following utilities at \_\_\_\_\_  
(service address)  
in Augusta, KS into the name of the above listed company.

\_\_\_\_\_ELECTRICITY                  \_\_\_\_\_WATER

Property to be used for: \_\_\_\_\_

I hereby authorize the transfer of these services into the name of the company listed above and agree to take full responsibility for all Utility Billings for the above service address as of \_\_\_\_\_ until the City of Augusta has been notified that services are no longer required at this address in our name.  
(Date services are to begin)

Printed name of authorizing personnel: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_