



MEDICINE LODGE UTILITY SERVICE APPLICATION

Date to begin service: _____

Non-refundable Connection Fee: \$100

Account # _____ Premise# _____

Date: _____

NAME ON ACCOUNT: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

PREVIOUS ADDRESS: _____

HOME PHONE #: _____ SECONDARY PHONE NUMBER: _____

E-MAIL: _____

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Check here if you would like your statement emailed to you.

APPLICANTS INFORMATION:

DATE OF BIRTH: _____ SSN: _____ DL# _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____ PH# _____

EMERGENCY CONTACT: _____ PH# _____

SECOND EMERGENCY CONTACT: _____ PH# _____

FOR THE SERVICE APPLYING FOR TODAY, DO YOU: (CIRCLE ONE) RENT OWN

IF RENTING LANDLORDS/OWNERS NAME: _____

Number of people in residence _____ **Pets (Dogs _____, Other _____)**

PET INFORMATION:

ALL DOGS OVER SIX (6) MONTHS OLD ARE REQUIRED TO BE LICENSED WITH THE CITY OF MEDICINE LODGE. PLEASE BRING PROOF OF RABIES VACCINATION AS WELL AS SPAY/NEUTER TO THE CITY OFFICE TO LICENSE YOUR PETS.

**** _____ A non-refundable service connection fee of \$100.00 is required before service will be provided. Any outstanding balance must be paid in full before establishing new service.**

All residential addresses must have water, trash, and sewer.

In accordance with the Federal Government mandate to help protect against identity theft, the City of Medicine Lodge has implemented a "Red Flag Policy". All account holders will have to provide a copy of valid photo identification before establishing service.

PET LICENSES/UTILITY VEHICLE, GOLF CART, SIDE BY SIDE TAGS MUST BE RENEWED EVERY JANUARY.

I have been advised of the utility billing procedures of the City of Medicine Lodge, have received the new customer information, and understand the utility bills are due on the 10th of each and every month with no exceptions.

SIGNATURE: _____