

Qualify by AGE _____

Disability _____

Children _____

_____ New Client

_____ Returning Client

APPLICATION AND RELEASE FORM

CITY OF TOPEKA UTILITY FRANCHISE FEE CREDIT PROGRAM

Applicant Name: _____

Applicant residence: _____

** (for claim year 2017) ** STREET CITY STATE

Telephone: _____ did you move during 2017? ____ **YES** (if YES next line) ____ **NO**

Previous Address: _____

** (Complete this line if you lived at more than one address during the claim year 2017) **

- 1. Westar Energy Account Code _____
- 2. Kansas Gas Service Account Code _____
- 3. City of Topeka Water Division Account Code _____

Date of Birth: _____ **2017 HOUSE-HOLD INCOME IS \$** _____

By my signature below, I hereby affirm that the utility accounts are in my name and I have paid the franchise fees for which I am requesting a credit for; electric, gas and/or a credit on water/wastewater (sewer) utilities for my personal residence.

I FURTHER AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

I also understand that by signing this application, I agree to specifically hold the administrative program and its employees, officers and agents harmless from any and all claims and liability relating to these programs.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____