

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 \_\_\_\_\_