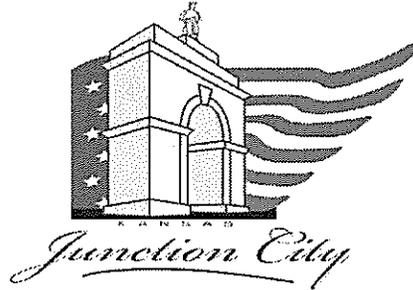


City of Junction City
700 N Jefferson
Junction City, KS 66441
785-238-3103



REVERT TO OWNER FORM

Owner Name:

Forwarding Address:

Phone Number:

Service Address(s) to allow for **REVERT TO OWNER**:

(1)

(2)

(3)

(4)

(5)

May attach an extra form if needed

I understand upon signing this form that each time the property(s) mentioned above will automatically revert into my name (the owner). In this subject matter, I also understand that each time the property(s) is put back in my name as owner, I will be charged a connection fee on the first months billing. Any changes such as sale of the property, discontinuance of revert to owner or addition of new property, will be my responsibility to notify the Customer Service Center, in person, to update current form. This will not revert to owner if the current occupant is turned off for non payment or if the services has never been in the owners name before. It will be the property owners responsibility to contact our office.

Print Name:

Signature:

Date:

Agent Signature:

A Deposit may be required*** PLEASE attach a Photo ID.