



# RESIDENTIAL CUSTOMER NEW WATER, SEWER, AND SANITATION SERVICE APPLICATION

## PERSONAL INFORMATION

Check-boxes should denote positivity. All fields are required.

LAST NAME/FIRST/MIDDLE INITIAL				D.O.B (MM/DD/YYYY)					
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		STATE		CELL PHONE NUMBER			
EMAIL ADDRESS				NOTIFICATIONS & BILLING OPTIONS		TEXT <input type="checkbox"/>	EMAIL <input type="checkbox"/>	PHONE <input type="checkbox"/>	PAPERLESS BILLING <input type="checkbox"/>
SERVICE ADDRESS			RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	LANDLORD'S NAME & PHONE NUMBER				
BILLING ADDRESS				CITY		STATE		ZIP CODE	
SIGNATURE					DATE				

## BENEFICIARY USERS

BENEFICIARIES ARE ALL ADULT MEMBERS OF THE HOUSEHOLD THAT BENEFIT FROM CITY SERVICES

LAST NAME/FIRST/MIDDLE INITIAL				D.O.B (MM/DD/YYYY)		RELATIONSHIP	
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		STATE		CELL PHONE NUMBER	
SIGNATURE				DATE			

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## ADDITIONAL INFORMATION - WATER CONNECTION

SAME DAY SERVICE REQUESTED <input type="checkbox"/>		ALTERNATE TURN ON DATE REQUESTED _____		<b>ADDITIONAL FEES APPLY FOR SAME DAY SERVICE IF APPLICATION IS SUBMITTED AFTER NOON</b>	
<b><u>ALL SERVICES ARE TURNED ON BETWEEN THE HOURS OF 1 PM AND 4 PM</u></b>					
AN ADULT LISTED ON THIS APPLICATION MUST BE PRESENT AT RESIDENCE FOR WATER SERVICE TO BEGIN. TO WAIVE, SIGN BELOW. IF WAIVED, THE CITY WILL TURN ON AS REQUESTED AND IS NOT LIABLE FOR ANY DAMAGES.					
Signature _____			Printed Name _____		

**DOCUMENTS NEEDED:** SOCIAL SECURITY CARD; DRIVER'S LICENSE; PROOF OF ADDRESS  
FOR RENTALS OR CONTRACT TO BUY: RENTAL AGREEMENT OR BUYERS CONTRACT  
**PAYMENTS:** BILLS MAY BE PAID VIA MAIL, DROPBOX LOCATION, THE INDEPENDENCEKS.GOV WEBSITE, AUTOMATIC BANK DRAFT FORMS (AVAILABLE ON OUR WEBSITE OR AT 120 N. 6TH), OR BY PHONE AT (844)-215-7377  
**THOSE CAUGHT TAMPERING, ALTERING, OR OTHERWISE STEALING WATER FROM THE METER WILL BE PROSECUTED.**



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