



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
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ADDITIONAL INFORMATION - WATER CONNECTION			
SAME DAY SERVICE REQUESTED <input type="checkbox"/>	ALTERNATE TURN ON DATE REQUESTED	ADDITIONAL FEES APPLY FOR SAME DAY SERVICE IF APPLICATION IS SUBMITTED AFTER NOON	
ALL SERVICES ARE TURNED ON BETWEEN THE HOURS OF 1 PM AND 4 PM			
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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