



RESIDENTIAL CUSTOMER NEW WATER, SEWER, AND SANITATION SERVICE APPLICATION

PERSONAL INFORMATION						
Check-boxes should denote positivity. <u>All fields are required.</u>						
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		
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ADDITIONAL INFORMATION - WATER CONNECTION			
SAME DAY SERVICE REQUESTED	ALTERNATE TURN ON DATE REQUESTED	ADDITIONAL FEES APPLY FOR SAME DAY SERVICE IF APPLICATION IS SUBMITTED AFTER NOON	
<input type="checkbox"/>	_____		
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 LOCATIONS, THE INDEPENDENCEKS.GOV WEBSITE, AUTOMATIC BANK DRAFT FORMS (AVAILABLE ON OUR WEBSITE OR AT 811 W LAUREL), 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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