

# CITY OF CARBONDALE, KANSAS

## WATER & SEWER APPLICATION

OFFICE USE	
ACCT#	START DATE

**NAME:** \_\_\_\_\_

**SERVICE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MAILING** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TERMINATED ON:** \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

RENT	OWN	PURCHASE ON CONTRACT
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**LANDLORD INFORMATION (if applicable)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_