

City of Whitewater

201 South Elm Street, PO Box 149 Whitewater, KS 67154 316-799-2445

Account No:	OFF	ICE USE ONLY
Start Data:	Account No:_	
Statt Date	Start Date:_	
Start Meter Reading:		

APPLICATION FOR WATER SERVICE & TRASH COLLECTION

Name:			Date of Bi	rth//	
Home Address:	City:		State:	Zip:	
Mailing Address:	City:		State:	Zip:	
Driver's License Number:	_ DL State:	Phone #:		Home/Cell	
Social Security Number:	Employ	yer Name:			
Landlord:	Emplo	Employer Phone #:			
Applicants Email Address:					
Applicant is applying for the selected services below	v:				
Sewer		Trash (Tr	ra03) 2 - 95 g	jal carts	
Water		Trash (Tr	a05) Comme	ercial/95 gal	
Trash (Tra01) 95 gal cart		Trash (Tra06) 2 Commercial Cans			
Trash (Tra02) 65 gal cart	1	Trash (Tr	⁻ a09) 3 65 ga	l Cans	
This application for city utilities such as water service mains to the customer's residence, stated above. The regularly established rate schedules. If approved this Whitewater to be in effect only at the location stated rules and regulations of the City of Whitewater presprovided. Applicant is responsible to pay all payme at said location until which the service may be transported in accordance with the City rules and regulations.	e applicant agr s applicant agr d above. Appli- sently or herea ents for utility s sferred from th	ees to pay for the ees to this exclus cant is responsib fter adopted for services provided	ese services acc sive contract w le to abide by the government by the City o	cording to rith the City of the established nt of services f Whitewater	
Upon approval applicant shall pay the \$15 service cobilling for property.	onnection cha	rge which will be	e applied to the	e first utility	
Applicant Signature				Date	