

City of Whitewater

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

OFFICE USE ONLY	
Account No:	

Start Date:

Start Meter
Reading:_____

APPLICATION FOR CITY UTILITIES

Name:				Date of Bi	rth//		
Home Address:		City:		State:	Zip:		
Mailing Address:		City:		State:	Zip:		
Driver's License Numb	er:	DL State:	_ Phone #:		Home/Cell		
Social Security Number	er:	Employe	r Name:				
Landlord:		Employe	Employer Phone #:				
Applicants Email Addı	ress:						
Applicant is applying f	or the selected services below:						
Sewe	r	Т	Trash (2) 95 gal carts - (Tra03)				
Water	r	Т	Trash (3) 65 gal Cans - (Tra09)				
Trash	(1) 95 gal cart - (Tra01)	Т	Trash (1) Commercial/95 gal - (Tra05)				
Trash	(1) 65 gal cart - (Tra02)	Т	rash (2) Comi	mercial Cans	s - (Tra06)		
mains to the customer regularly established ra Whitewater to be in eff rules and regulations of provided. Applicant is at said premise until w	y utilities such as water service is residence, stated above. The ante schedules. If approved this affect only at the location stated and the City of Whitewater presentes properties are sponsible to pay all payments with the Service may be transferred.	applicant agree applicant agree above. Applica ntly or hereafte s for utility ser erred from this	es to pay for the es to this exclus ant is responsible er adopted for t rvices provided	ese services acc ive contract w le to abide by t the governmen by the City of	cording to rith the City of the established of services		
Upon approval applica billing for property.	nt shall pay the \$15 service cor	nnection charg	e which will be	applied to the	e first utility		
revised: 5/28/2025	Applicant Signature				Date		