



The City of Abilene will not disclose any information on this application, except to the State of Kansas, without written permission of the applicant.

PO Box 519
Abilene, KS 67410-0519
(785) 263-2550 (v)
(785) 263-2552 (f)

PLEASE NOTE: The balance forward on your water bill must be paid by the 4th of each month. The balance forward amount is past due and your water will be shutoff of it is not paid by said date.

APPLICATION FOR WATER SERVICE

\$15.00 FEE REQUIRED

Start Service Date:

[Text box for Start Service Date]

Name

[Text box for Name]

Home/Cell Phone No.

[Text box for Home/Cell Phone No.]

New Address

[Text box for New Address]

Previous Address

[Text box for Previous Address]

Rent or Own

[Text box for Rent or Own]

Landlord' Name

[Text box for Landlord' Name]

Date of Birth

[Text box for Date of Birth]

Social Security #

[Text box for Social Security #]

Driver's Licence No.

[Text box for Driver's Licence No.]

(Photo ID Required)

Employer

[Text box for Employer]

Work Phone No.

[Text box for Work Phone No.]

Spouse's Name

[Text box for Spouse's Name]

Date of Birth

[Text box for Date of Birth]

Social Security #

[Text box for Social Security #]

Driver's Licence No.

[Text box for Driver's Licence No.]

Employer

[Text box for Employer]

Work Phone No.

[Text box for Work Phone No.]

Email Address (Optional)

[Text box for Email Address (Optional)]

I wish to receive information by email periodically from the City of Abilene. The City never shares email addresses with outside entities unless required to do so by law.

Signature of Applicant: _____

YOU MUST HAVE THE NAME OF YOUR LANDLORD OR YOU WILL NOT RECEIVE WATER SERVICE