



**CITY OF ABILENE**  
419 N BROADWAY  
ABILENE, KS 67410  
(785) 263-2550

**APPLICATION FOR WATER SERVICE**

**A NON-REFUNDABLE \$25.00 APPLICATION FEE WILL BE BILLED**

**\*PHOTO ID REQUIRED\***

SERVICE BEGIN DATE: \_\_\_\_\_ *NO HOLIDAYS OR WEEKEND*

TODAY'S DATE: \_\_\_\_\_ NUMBER OF RESIDENTS LIVING AT ADDRESS \_\_\_\_\_

PRIMARY RESPONSIBLE PARTY: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
OR MAILING ADDRESS IF DIFFERENT

WILL YOU **OWN** OR **RENT** THE NEW ADDRESS? CIRCLE ONE

**LANDLORD'S NAME:** \_\_\_\_\_

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

SOCIAL SECURITY NO: \_\_\_\_\_ BUSINESS EIN: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

INCLUDE STATE AND NUMBER

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE NO: \_\_\_\_\_

SPOUSE'S NAME OR BUSINESS CONTACT: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ BUSINESS EIN: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_

**PLEASE READ AND INITIAL BELOW:**

\_\_\_\_\_  
\*THE BILL IS DUE BY THE 15TH OF THE MONTH, WITH PENALTIES ASSESSED ON THE 16TH, ANY **PAST DUE AMOUNT** MUST BE PAID BEFORE THE 4TH OF THE FOLLOWING MONTH IN ORDER TO AVOID SHUT OFF

\_\_\_\_\_  
\*IF LATE PAYMENTS ARE NOT RECEIVED BY 5PM ON THE 4TH, THE ACCOUNT WILL RECEIVE A **\$30 FEE. THE PAST DUE AMOUNT AND \$30 MUST BE PAID BEFORE RECONNECTION** WILL OCCUR

\_\_\_\_\_  
\*FAILURE TO PAY BALANCES WILL RESULT IN YOUR WATER BEING SHUT OFF AND ACCOUNT INFORMATION BEING TURNED OVER TO THE STATE OF KANSAS AND/OR THE COLLECTION BUREAU OF KANSAS WITHOUT FURTHER NOTIFICATION

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**IF SUBMITTING THIS FORM VIA EMAIL PLEASE EMAIL TO UTILITIES@ABILENECITYHALL.COM  
A PICTURE OF A PHOTO ID IS REQUIRED TO BEGIN SERVICES**