



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 if it is not paid by said date.

APPLICATION FOR WATER SERVICE

\$15.00 FEE REQUIRED

Start Service Date:

Name

Home/Cell Phone No.

New Address

Previous Address

Rent or Own

Landlord' Name

Date of Birth

Social Security #

Driver's Licence No.

(Photo ID Required)

Employer

Work Phone No.

Spouse's Name

Date of Birth

Social Security #

Driver's Licence No.

Employer

Work Phone No.

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