



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

THE CITY OF ABILENE WILL NOT DISCLOSE ANY INFORMATION ON THIS APPLICATION, EXCEPT TO THE STATE OF KANSAS, WITHOUT WRITTEN PERMISSION OF THE APPLICANT.

**PLEASE NOTE:** THE BALANCE FORWARD ON YOUR WATER BILL MUST BE PAID BY THE 4<sup>TH</sup> OF THE MONTH. THE BALANCE FORWARD AMOUNT IS PAST DUE AND YOUR WATER WILL BE SHUT OFF IF IT IS NOT PAID BY THAT DATE.

### APPLICATION FOR WATER SERVICE

BEGIN SERVICE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\$25.00 FEE REQUIRED** HOME/CELL PHONE NO: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

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

PREVIOUS ADDRESS: \_\_\_\_\_

DO YOU **OWN** OR **RENT**: (CHECK ONE) LANDLORD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_  
**(PHOTO ID REQUIRED)**

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMAIL ADDRESS (optional): \_\_\_\_\_

I wish to receive information by email periodically from the City of Abilene. The City will not share email addresses to 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.**

If submitting via email, please email to: Karla Efurd, Deputy Finance Director, at: Karla@AbileneCityHall.com