

CITY OF INDEPENDENCE, KS

APPLICATION FOR WATER, SEWER AND SANITATION SERVICES

PERSONAL INFORMATION				
LAST NAME/FIRST/NAME/MIDDLE INITIAL	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO./STATE	DATE OF BIRTH	
SERVICE ADDRESS	CELL PHONE	HOME PHONE	RENT/OWN	LANDLORD'S NAME
BILLING ADDRESS	CITY		STATE/ZIPCODE	
EMPLOYER	POSITION	LENGTH OF TIME	BUSINESS PHONE	
SIGNATURE OF APPLICANT		DATE		
SPOUSE/CO-APPLICANT				
LAST NAME/FIRST NAME/MIDDLE INITIAL	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO./STATE	RELATIONSHIP	
SERVICE ADDRESS	CITY	STATE/ZIP CODE	CELL PHONE	HOME PHONE
EMPLOYER	POSITION	LENGTH OF TIME	BUSINESS PHONE	
SIGNATURE OF CO-APPLICANT		DATE		
SPOUSE/CO-APPLICANT				
LAST NAME/FIRST NAME/MIDDLE INITIAL	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO./STATE	RELATIONSHIP	
SERVICE ADDRESS	CITY	STATE/ZIP CODE	CELL PHONE	HOME PHONE
EMPLOYER	POSITION	LENGTH OF TIME	BUSINESS PHONE	
SIGNATURE OF CO- APPLICANT		DATE		