

APPLICATION FOR WATER & SEWER UTILITY SERVICE

CITY OF SOLOMON
 116 W MAIN, PO BOX 273
 SOLOMON KS 67480
 785.655.3311
krista.solomonks@gmail.com

APPLICANT	CO-APPLICANT
NAME: FIRST, LAST	NAME: FIRST, LAST
SOCIAL SECURITY # OR TIN	SOCIAL SECURITY #
DRIVERS LICENSE # OR STATE ID CARD	DRIVER LICENSE # OR STATE ID CARD
DATE OF BIRTH	DATE OF BIRTH
PHONE	PHONE
EMAIL	EMAIL
EMPLOYER	EMPLOYER
EMPLOYER ADDRESS	EMPLOYER ADDRESS
EMPLOYER PHONE	EMPLOYER PHONE

SERVICE ADDRESS: _____

****Copy of Driver's License Required****

OWNER IF NEW OWNER, CLOSING DATE OF PROPERTY: _____
Check box to give permission for your name & phone number to be released to the Welcoming Committee.

RENTER IF RENTING, PROPERTY OWNER & PHONE #: _____

START/MOVE IN DATE: _____ PO BOX _____ MAILING ADDRESS: _____

PETS: YES NO BREED: _____

NUMBER OF ADULTS AT THIS ADDRESS: _____ NUMBER OF CHILDREN: _____ AGES: _____

I, the undersigned, hereby make application for water and sewer service and certify that all the above information is correct. I agree to abide by all rules and regulations of the City of Solomon. I understand and agree to pay all charges billed on each monthly statement. I understand water/sewer accounts with any previous balance are subject to disconnection.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

(For Office Use Only) Account Number _____

Water Establishment Fee **\$50.00**

Own _____ Rent _____ Welcome Basket Y/N