

# 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