CITY OF BENTON 154 S. MAIN PO BOX 388 cityclerk@bentonks.org BENTON, KS 67017 PHONE: 316-778-1625 FAX: 316-778-1687

email:

## APPLICATION FOR WATER AND SEWER UTILITY SERVICE

ACCT #		DATE	
NAME		DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS			
HOME PHONE	CELL	WORK	
DO YOU (CIRCLE ONE):	OWN RENT LAN	DLOARD NAME	
PREVIOUS ADDRESS			
DRIVERS'S LICENSE #		SOCIAL SECURITY NUMBER	
EMPLOYER	EMPLOYI	ER ADDRESS	
SPOUSE'S NAME		DATE OF BIRTH	
DRIVERS LICENSE NUM	BER	SOCIAL SECURITY NUMBER	
EMPLOYER	EMPLOYE	ER ADDRESS	
PICTURE ID REQUIREI	)		
WATER DEPOSIT \$6	0.00 (RENTALS)		
CITY WATER SERVICE F	OOK UP FEE \$2000.00		
PURPOSE FOR USE OF W	/ATER		
CITY SEWER SERVICE F			
OTHER INFORMATION A	APPLICABLE TO SERVIO	CE REQUEST:	
OWNER'S SIGNATURE	DATE	OCCUPANT'S SIGNATURE	DATE
CITY CLERK	DATE	UTILITY SUPERVISOR	DATE