

**CITY OF PARK CITY**  
**WATER & SEWER APPLICATION**

***Please Print***

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

MR MS \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

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***BILLING ADDRESS IF DIFFERENT:***

STREET OR POST OFFICE BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_

LANDLORD NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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***EMERGENCY***

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

SPOUSE EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ SPOUSE SSN \_\_\_\_\_

I hereby make application to the City of Park City, Kansas for water to be delivered to me at the water box serving the premises known as the above mentioned service address for use on such premises exclusively. I hereby agree to pay by the 15<sup>th</sup> day of each month for all charges billed according to the established procedure and rates. I further agree that my use of water and sewer and the payment therefore shall be subject to and governed by the rules and regulations regulating the same which are or may be adopted by the City Council of Park City from time to time. No oral statement shall change the terms of this obligation. **PHOTO ID REQUIRED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Office use only***

DEPOSIT AMOUNT \_\_\_\_\_

RECEIPT # \_\_\_\_\_

SERVICE START DATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_