

# City of Haviland

109 N. Main  
 PO Box 264  
 Haviland, KS 67056-0264

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 Fax: 620-862-5897  
 Email: cityhall@havilandks.gov  
 Website: havilandks.gov

## SERVICE APPLICATION

**REQUIRED: Driver's License, Social Security Number, Complete Application, Connect Fee**  
**Utility Payments are due on the 20<sup>th</sup> of the month to avoid late fees (Ordinance #400)**  
**Water Rate-\$30/2,000gal + \$4/1000gal, Sewer Rate- \$40.75, Trash-15.50/1 can, \$22.25/2 Cans**

Name	Date Requested
Street Address	Mailing Address
OWN _____ RENT _____	Landlord
Social Security #	Driver's License #
Home/Cell Phone #'s	Email Address
Employer	Work Phone #

<b>Spouse Information</b>	
Name	Social Security #
Driver's License #	Email Address
Employer	Work Phone #
Cell Phone #	

<b>Pet Information-License Required</b>	Dog Owner __Yes__ No	Cat Owner __Yes__ No
Breed _____ M ___ F	Pet's Name	
Breed _____ M ___ F	Pet's Name	
Breed _____ M ___ F	Pet's Name	
Breed _____ M ___ F	Pet's Name	

**All dogs and cats are required to be licensed with the City of Haviland. Please bring proof of rabies vaccination to the City office to license your dog(s) and/or cat(s). (Reference Ordinance No. 377) \$1 if altered/\$3 if not altered.**

Signature of Person Requesting Service \_\_\_\_\_

Account # \_\_\_\_\_

**A non-refundable \$50 service connection fee is required for all new customers.**

CASH \_\_\_ CK # \_\_\_ Money Order \_\_\_ Date Paid \_\_\_\_\_