## City of Haviland

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

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Website: havilandks.gov

## **SERVICE APPLICATION**

REQUIRED: Driver's License, Social Security Number, Complete Application, Connect Fee

| Utility Payments are du<br>Water Rate-\$30/2,000gal   | ie on the 20<br>+ \$4/1000g                         | <sup>th</sup> of th<br>al, Sew | ne month to avoid late fees (Ordinance #400)<br>ver Rate- \$45, 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 #  |
| Spouse Information  |   |                                |   |
| Name  |   |                                | Social Security #   |
| Driver's License #  |   |                                | Email Address   |
| Employer  |   |                                | Work Phone #  |
| Cell Phone #  |   |                                |   |
| Pet Information-License Req   | uired   |                                | Dog OwnerYesNo  |
| Breed   | M _   | F                              | Pet's Name  |
| Breed   | M _   | F                              | Pet's Name  |
| Breed   | M _   | F                              | Pet's Name  |
| Breed   | M _   | F                              | Pet's Name  |
| Ordinance No. 377) \$1 if alternative Signature of Person Requesting S  A non-refundable \$50 service | ity office<br>red/\$3 if no<br>ervice<br>connection | to lice<br>ot alte             | Account #  s required for all new customers.  |
| CASH CK # Money O   | der   | D                              | Date Paid   |
|   |   |                                |   |