Acct # _____

City of Sedan, Kansas

Water/Sewer/Solid Waste Agreement

1st time non-refundable connection fee: \$75.00 Returning customer in good standing: \$5.00 Paid on: ______ Receipt #

Today's Date:		
Resident Responsible for U	tility Bill	
SS#	DL #	DOB
Service Address:		
Home Phone:	Work Phone:	
Mailing Address (if different	ent):	
City:	State:	Zip:
Employer:	Work Addres	s:
City:	State:	Zip:
Do you OWN or RENT (circ	le one)? If renting, please provide land	lord info.
Name:		
	State:	
Home Phone:	Work Phone:	
Do you own a dog(s)? If so, p	please provide the following information a	nd purchase your dog tags.
Name of Dog:	Breed/color:	Sex: M/F/N
Name of Dog:	Breed/color:	Sex: M/F/N
Connect: Date	Customer Signature:	
	Customer Signature:	
	Cit	
	Zip:	

^{*}Copy Driver's License on Back of Form