

City of Valley Falls

Application for Water

Date _____

Name/Business _____

Home phone: _____ Work and/or FAX #: _____ Cell _____

Email Address: _____

New Address: _____

Address and date you are moving into

Do you (Circle one): Own Rent Landlord's Name: _____

Previous Address: _____

Date of Birth: _____ Social Security/FEIN Number: _____ - _____

Driver's License Number: _____ Occupation: _____

Res. Employer: _____ Bus. Manager _____

FOR RESIDENTAIL USE: Spouse's Name: _____

Social Security Number: ____ / ____ / ____ Date of Birth _____

Email Address: _____

Occupation: _____ Employer: _____

Signature of Applicant: _____

For Office Use Only

Connection Fee: \$75.00 Transfer Fee: \$20.00 Account #: _____

Turn on date: _____ Turn off date: _____ Final reading: _____

City of Valley Falls
417 Broadway Street
Valley Falls, KS 66088
785-945-6612 Fax 785-945-3341
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