

City of Canton, Kansas

APPLICATION FOR WATER/SEWER/TRASH SERVICE

Full Name/s of Applicant/s: _____

Date _____ PO Box or Delivery Address _____

New Residence Address: _____

Landlord/Owner Name: _____

Previous Address: _____

Telephone Number: Home _____ Work _____

*Drivers License Number: _____ S.S. Number: _____

Place of Employment: _____

Signature: _____

***Photo ID Required**

For Office Use Only

Account Number: _____ Date Services Connected: _____

Hook-Up Fee of \$60.00 Paid by: • Check • Cash • Other
Transfer Fee of \$25.00 Paid by: • Check • Cash • Other

Beginning Meter Reading: _____ Number of Polycarts _____

Credits Sewer _____ Yes _____ No

100 S. Main, PO Box 476, Canton, Kansas 67428