

**CITY OF KALISPELL**

P.O. Box 1997

Kalispell, MT 59903

**APPLICATION FOR WATER and/or SEWER SERVICE**

Account Number: \_\_\_\_\_ Work Order # \_\_\_\_\_

THE UNDERSIGNED OWNER/OWNER'S AGENT OF THE PREMISES AT

**ADDRESS:** \_\_\_\_\_

hereby applies to the City of Kalispell for Water and/or Sewer Service at said premises. The undersigned agree to abide by all rules, regulations and ordinances of the City relating to Water and/or Sewer Service and to pay promptly for all water/sewer charges therefore. The undersigned owner is aware of and agrees that he will be liable for all water/sewer service charges to said premises, as provided by Section 26-2, Code of the City of Kalispell, Montana.

**MAIL TO OWNER**

**Print Name:** \_\_\_\_\_

**Mail To Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Email (optional): \_\_\_\_\_

**OR**

**Social Security #** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

Remarks: \_\_\_\_\_

**Date Ordered:** \_\_\_\_\_

**Start service:** \_\_\_\_\_

**Receive E-Bills:**

Yes

No

**Signature:** \_\_\_\_\_

**Rental Property:**

Yes

No

**\*\*\*\*ATTENTION APPLICANT\*\*\*\***



**Application will be returned if any of the above information is missing and will not be submitted until all necessary information is filled out properly.**

**\*\*FOR OFFICE USE ONLY\*\*NOTICE TO DISCONNECT/RECONNECT WATER SERVICE**

Account # \_\_\_\_\_ Meter Reading: \_\_\_\_\_

Owner: \_\_\_\_\_ Final Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

Mail Final to: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Turned Off: \_\_\_\_\_ By: \_\_\_\_\_

Due: \_\_\_\_\_ Turned Off: \_\_\_\_\_ By: \_\_\_\_\_

Meter Size \_\_\_\_\_ Meter Rcv'd by: \_\_\_\_\_

SN# \_\_\_\_\_

Signature

Date