Springfield Water & Sewer Commission
603 W. Main St., PO Box 307
Springfield, Ky 40069
(859) 336-5454 or Toll Free (888) 335-5454

Application for Service

Applicant:_____

Service Address: _____

Mailing(Forwarding) Address if different from service: _____

Phone #: _____

If you are renting this residence, please list the landlord's name and phone number: _____

SSN/Tax ID #: _____
Place of Employment: _____
Length of Time at this Employer: _____

Co-Applicant: _____
Co-Applicant SSN/Tax ID#: _____
Co-Applicant Place of Employment: _____
Length of Time at this Employer: _____

Current Bank and Account #: _____

I do hereby acknowledge that I have received a billing information sheet which outlines payment requirements for service and penalties for non-payment and I agree to abide by the terms and conditions contained in the billing information.

I also acknowledge that I must furnish a photo identification in order to establish service and that, if renting, I must be listed as the renter for the rental property for which service is being requested before being allowed to establish service at the rental unit.

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date

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SERVICE DISCONNECTION REQUEST

I do hereby request service disconnection at above residence on _____.

_____ _____
Signature Date Requested

This form last revised 04/05/04