

The City of Galena, Kansas  
**WATER TURN ON FORM**

DATE WATER IS TO BE TURNED ON: \_\_\_\_\_

ADDRESS TO BE TURNED ON: \_\_\_\_\_

Number/Street

ACCOUNT # \_\_\_\_\_

This information was taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**OWNER**

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

First / Middle / Last

Property Address:

\_\_\_\_\_  
Number/Street City State Zip

Owner's Place of Employment: \_\_\_\_\_

Owner's Billing Address:

\_\_\_\_\_  
Number/Street City State Zip

**RENTER**

Renter's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

First / Middle / Last

Number of people that will be living at this address: \_\_\_\_\_

Renter's Billing Address:

\_\_\_\_\_  
Number/Street City State Zip

Deposit Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ SS#: \_\_\_\_\_

**I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY BILLS THAT ARE ACCUMULATED AT THIS ADDRESS AS LONG AS THE ACCOUNT IS IN MY NAME. I UNDERSTAND THAT I WILL BE BILLED FOR THIS ADDRESS UNTIL I CONTACT CITY HALL AND HAVE THE WATER TAKEN OUT OF MY NAME.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

MUST BE FILLED OUT BY EMPLOYEE

CURRENT READING: \_\_\_\_\_ CITY EMPLOYEE: \_\_\_\_\_

WORK COMPLETED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_