

**Springfield Water & Sewer Commission**  
**603 W. Main St., PO Box 307**  
**Springfield, Ky 40069**  
**(859) 336-5454 or Toll Free (888) 335-5454**  
**Fax (859) 336-9986**  
**Application for Service**

**Applicant:** \_\_\_\_\_ **Office Use:**  
**Service Address:** \_\_\_\_\_ **Deposit #** \_\_\_\_\_  
**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