



115 W Grant Ave.  
Ulysses, KS 67880  
620.356-4400 Fax 620.356-4840

## Application for New Water Meter Installation

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

Applicant Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Ph: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

I request that a \_\_\_\_\_ water meter be installed at \_\_\_\_\_  
(size) (Street Address)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Lot Block Addition (legal description)

\_\_\_\_ I understand that **ALL charges related with installing this meter** will be billed to me at the above address and that the total cost is **due within 30 days after installation.**

\_\_\_\_ I understand that this meter **WILL NOT** be turned on until **ALL FEES** have been paid in full at City Hall.

\_\_\_\_ I understand that a \$30.00 fee must be paid to turn this meter on once installed.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (OFFICE USE ONLY)

\_\_\_\_\_  
Date faxed to City Shop



Kansas One Call  
1-800-344-7233  
Ulysses ID # 14643  
Ticket # \_\_\_\_\_