

Account # _____

Consolidated Public Water Supply District #1
APPLICATION FOR WATER SERVICE

Applicant:

Last Name

First Name

Initial

Co-Applicant:

Last Name

First Name

Initial

Mailing Address

City

Zip Code

Service Address

Number In Family

Owner

Renter

(check one)

Email Address

Date Tenancy Begins

Primary Phone Number

Secondary Phone Number

Owner's Name

Applicant's Employer

Work Phone

Co-Applicant's Employer

Work Phone

Applicant should be at home when water service is turned on. Applicant assumes all responsibility for any open outlets resulting in water loss or damages.

Applicant contractually agrees to pay all water charges to this Water District until said applicant has terminated service to this residence.

Applicant hereby agrees to abide by all rules and policies established by said Water District and any hereafter established.

District reserves the right to discontinue water service at this residence without further notice if rules, regulations, and policies have not been followed.

PLEASE CHECK THE PRIMARY USE OF WATER

Household

Farming

Non-domestic (business, commercial, or industrial)

Other

Please specify _____

The applicant certifies that the one box marked is the predominant use of water. If water purchased results in a sales tax liability due to use other than stated, the applicant assumes responsibility for remitting such tax due directly to the Missouri Department of Revenue. If the nature of the use of water changes, the Water District must be notified.

Applicant Signature

Last Four Digits of SSN

Date

Co-Applicant Signature

Last Four Digits of SSN

Date