



APPLICATION FOR RESIDENTIAL WATER/SEWER SERVICE

DATE OF SERVICE REQUESTED: _____

SERVICE ADDRESS: _____

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SPOUSE FIRST NAME: _____

DRIVER'S LICENSE # _____ (Required: Present original photo ID at Utilities Office)

SS# _____ SPOUSE SS# _____

HOME (PREFERRED CONTACT) PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____ (IF DIFFERENT)

WHERE ARE YOU MOVING FROM?? _____ City State

RENT _____ OWN _____

If you are Renting please provide the Name and Address of your Landlord:

LANDLORD: _____

ADDRESS: _____

HOW WOULD YOU LIKE TO RECEIVE YOUR MONTHLY STATEMENT:

PAPER STATEMENT _____ E-MAIL STATEMENT _____ BOTH _____

EMAIL ADDRESS: _____

I acknowledge that the above information is true and correct and I hereby apply for water/sewer service and agree to comply with all ordinances, rules or regulations as prescribed by the City of Raymore applicable to the furnishing of water/sewer service.

Signature

Date

OFFICE USE ONLY

SEWER OPTIONS: ACTUAL VOLUME _____ WINTER AVERAGE _____

WORK ORDER # _____ INITIALS _____ DATE/TIME _____

PAID: CASH _____ CHECK _____ CREDIT CARD _____