CITY OF Warsaw

201 W. Main St. • P.O. Box 68 • Warsaw, Mo. 65355 • Phone: (660) 438-5522 • Fax: (660) 438-7142

NEW UTILITY SERVICE APPLICATION

WATER ~ SEWER ~ TRASH

$100.00 DEPOSIT REQUIRED TO ACTIVATE SERVICES

Service for: ☐ RESIDENTIAL ☐ COMMERCIAL

Applicant Information:

Have you had service with us before? (*Circle one*) **Yes** **No**

Name: _____
(First) (Last) (Middle)

Phone #: _____ Alternate Phone #: _____

Email Address: _____

Service Information:

Start Date: _____ Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Are you (*Circle one*): Owner Renter (If renting, fill in landlord information)

Landlord's Name (*First, Last*): _____

Bill Type (check one):

_____ Paper Statement

_____ Electronic Bill (separate form)

The City of Warsaw is not responsible for E-Bills not received due to technical difficulties you may encounter.

_____ Automatic Account Withdrawal (separate form)

Payment is withdrawn from checking account the 15th of each month.

Billing Information:

By initializing this section, you agree to comply with the dates listed and understand the billing process.

1. _____ **Payment is DUE upon receipt.** Bills are sent out the last week of each month.
2. _____ **Payments are due by the 20th of each month.** If payment is not received by the 20th by the end of the business day (3:30 PM), a 10 % penalty will be applied.
3. _____ **If payment has still not been received by the 30th of each month by 3:30 PM, an additional penalty of $35.00 will be applied, and the service will be subject for disconnection.**
4. _____ Your deposit will be applied to your final billing.
5. _____ The first month of billing will include two months of trash, while the final bill will have none.

_____ _____
(Signature) *(Date)*

OFFICE STAFF:	**Staff Initials**_____
DEPOSIT: Cash Check_____ Dbcd/Crcd	**Today's DATE:** / /
Account #	**Receipt #**