

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

## **UTILITY SERVICE INFORMATION**

WATER ~ SEWER ~ TRASH

## \$100.00 DEPOSIT REQUIRED TO ACTIVATE SERVICES

Service for: Check one: RESIDENTIAL COMMERCIAL HAVE YOU HAD SERVICES WITH US BEFORE? YES NO	
NAME.	
NAME:	nst) (Middle)
D.O.B:/	
DRIVER'S LICENSE#:	PHONE: ()
EMPLOYMENT:	
E-MAIL ADDRESS:	
CO-APPLICANT:(Any responsible party over 18 years of age)	
Co-Applicant D.O.B// SOCIAL SECURITY #:	
SERVICE ADDRESS:	
<i>Is Mailing address same as Service address?</i> Yes Noif	no please complete mailing address below.
MAILING ADDRESS:	CityStateZip
Are you: Owner RenterIf renting, fill in Landlord information below.	
Landlord's Name (First, Last):	Phone: ()
Critical Needs: (Please describe):	
BILL TYPE:Paper StatementVia E-Bill (Electronic Billing email) separate form	
ACH from Checking (15 <sup>th</sup> ) <i>separate form.</i>	
The City of Warsaw is not responsible for <b>E-Bills</b> NOT received due to technical difficulties errors you may encounter	
with your internet or E-mail provider.	
With your meeting of B man promise.	
*BILLING: By initialing this section you agree and to the best of your ability to comply with the dates listed and understand the billing process.	
1 <b>Payments is DUE upon receipt.</b> Billings are sent out the last week of the month for the following month.	
2 <b>Payments due by the 20</b> <sup>th</sup> <b>of every month.</b> If payment is not received by the 20 <sup>th</sup> day of the month by the end of the business day (4:30 PM) a 10% penalty will be applied.	
3If the bill is not paid ten (10) days after the 20 <sup>th</sup> of the same month, by 4:30 PM, the end of the business day, service will be disconnected on the following day. An additional penalty of \$35.00 will then be added.	
4Your deposit will be applied to your final billing. Your first month billing will include two (2) months of trash, final bill will have none.	
Applicant Signature:	Date:
OFFICE STAFF FILL IN BELOW: Staff Initials	
<b>DEPOSIT \$:</b> Cash, Check, Dbcd/Crcd	START DATE: / /
Account #	Receint #