



City of Warrenton
200 West Booneslick Warrenton, MO 63383
Phone: 636-456-3535 Fax: 636-456-8135
www.warrenton-mo.org

APPLICATION for UTILITY SERVICE RESIDENTIAL SERVICES

Customer Name _____
(Please Note: Anyone listed as the customer has the ability to make changes to the account.)

Service Address _____

Mailing Address _____

Date of Service _____ Phone # _____

SSN last 4 digits / DL# _____ Date of Birth _____

E-mail Address _____

Own [] or Rent [] Landlord's Name if Renting _____

List of Occupants _____

The undersigned hereby applies for water, sewer and trash services from the City of Warrenton for his/her premises, and hereby agrees to pay the service charges for water, sewer, and trash services as fixed by the City of Warrenton. In the event of failure to pay for these services the City shall have the right to discontinue services, at its election and the undersigned agrees to be bound by the rules, regulations, and ordinances of the City of Warrenton for the control of its utility systems. Applicant further agrees to pay any and all past due balances from previous accounts, attorney fees, and reasonable collection costs for unpaid service charges, whether incurred by filing a lawsuit or otherwise.

I understand that if I intend to cancel service at this location a disconnection form must be signed in order to avoid additional charges.

If any residential property shall be vacant for 60 consecutive days or more, the owner or tenant may suspend service by making application for such suspension in advance of vacancy.

Applicants Signature _____ Date _____

OFFICE USE ONLY

Account # _____

Deposit Receipt # _____ Date of Deposit _____ Deposit Amt\$ _____

Service ON [] Service OFF [] Turn on Time _____ Begin Reading _____

Type of Trash Service: _____ AMT\$ _____