

# City of Eldon

## Business Application for Water/Sewer Service

Name of Business \_\_\_\_\_ Phone # \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ SS#/EIN \_\_\_\_\_ Birthday \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_ Birthday \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contact / Manager's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Business Hours \_\_\_\_\_ to \_\_\_\_\_ Name of Bank \_\_\_\_\_

Insurance Company \_\_\_\_\_ Personal Reference \_\_\_\_\_

Owner  Renter

Name of building owner \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby apply for utility services with the City of Eldon and agree to comply with all ordinances, rules and regulations as prescribed by the City of Eldon, applicable to the furnishing of utility services. I hereby declare that all information I have listed above is true and correct to the best of my knowledge. **Should any information stand to be false, I understand that my services shall and will be interrupted immediately. Unpaid balances may be turned over to a collection agency.**

Applicant's Signature \_\_\_\_\_ Spouse/Additional Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

(For Official Use Only)

The City of Eldon, Missouri hereby acknowledges receipt of \$ \_\_\_\_\_ for Water/Sewer deposit this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

By: \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Acct # \_\_\_\_\_  
Deputy Collector

This copy is your receipt and may be required to be presented in order for you to obtain refund of your deposit. Deposits will be applied to the final bill if and when you move. Deposits will be refunded in full only when balances due have been paid in full. **It is your responsibility to notify the City of any changes of responsible parties, billing address, occupancy, or other information pertinent to this account.**