

**CITY OF VERSAILLES  
RESIDENTIAL/BUSINESS APPLICATION FOR WATER/SEWER SERVICE**

BILLING NAME \_\_\_\_\_  
\_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_  
APT # OR LOT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_

LANDLORD'S PHONE # \_\_\_\_\_

NAME OF SPOUSE (OR ADDITIONAL RESPONSIBLE PARTY) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NUMBER OF OCCUPANT (S) \_\_\_\_\_

NAMES OF PERSONS LIVING IN RESIDENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY APPLY FOR UTILITY SERVICES WITH THE CITY OF VERSAILLES AND AGREE TO COMPLY WITH ALL ORDINANCES, RULES AND REGULATIONS AS PRESCRIBED BY THE CITY OF VERSAILLES 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 VERSAILLES, MISSOURI HEREBY ACKNOWLEDGES RECEIPT OF \$ \_\_\_\_\_ FOR WATER/SEWER DEPOSIT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

BY: \_\_\_\_\_  CASH  CHECK # \_\_\_\_\_ ACCT # \_\_\_\_\_  
CITY 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. UNLESS A FORWARDING ADDRESS IS GIVEN TO THE CITY OF VERSAILLES, ANY UTILITY REFUND OF LESS THAN \$10.00 WILL NOT BE ISSUED.**