# CITY OF VERSAILLES
## RESIDENTIAL/BUSINESS APPLICATION FOR WATER/SEWER/TRASH SERVICE

BILLING NAME_____        SERVICE ADDRESS_____

_____        APT # OR LOT_____

DATE OF BIRTH_____         MAILING ADDRESS_____

PHONE#_____         _____

EMPLOYER_____         _____

WORK PHONE #_____         OWN_____RENT_____

NAME OF SPOUSE (OR ADDITIONAL RESPONSIBLE PARTY)_____

DATE OF BIRTH_____         NUMBER OF OCCUPANT(S)_____

NAMES OF PERSONS LIVING IN RESIDENCE:

_____        _____

_____        _____

LANDLORD'S NAME_____         LANDLORD'S PHONE #_____

LANDLORD'S ADDRESS _____

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        DATE          SPOUSE                                      DATE

_____ _____
LANDLORD/ADDITIONAL RESPONSIBLE PARTY    DATE     RECEIVE A COPY OF BILL? _____

(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

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.**