

RAYTOWN WATER COMPANY
APPLICATION FOR RESIDENTIAL WATER SERVICE

Account #: _____

Service Address: _____ **Start Date:** _____

Primary Account Holder:

Name: _____ SSN: _____
DOB: _____ DL State & #: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____
Employer Name: _____
Employer Address: _____
Phone: _____

Spouse/Roommate (if applicable)

Name: _____ SSN: _____
DOB: _____ DL State & #: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____
Employer Name: _____
Employer Address: _____
Phone: _____

Are you owner or renter? Owner Renter
If renter, please provide landlords name: _____
Landlords Address: _____
Phone: _____

Would you like to receive notice of your new bill via e-mail (e-bill) instead of paper?

Yes _____ No _____ Both _____

Would you like to have your bill automatically paid (ACH)?

Yes (see back) _____ No _____

Please list all adults (18 & over) living at service address:

Name: _____ SSN: _____
Name: _____ SSN: _____
Name: _____ SSN: _____

I/We understand that The Raytown Water Company (The Company) operates under jurisdiction of the Missouri Public Service Commission (MPSC), their rules, regulations and tariffs of The Company (as approved and on file with MPSC) and that a copy will be provided to me at my request.

I/We understand that should any adult living at this service address owes a past due balance, water service will not begin until such balance is paid in full. Should The Company find any adult living here but not listed above, their name will be added to the account and that all adults can be held equally accountable for all water bills.

I/We agree that all information provided is current and accurate and will abide by the rules, regulations and tariffs of The Company.

Signature: _____ Date: _____

For Office Use Only:

POP _____ Lease _____ Deposit Amt. \$ _____ Deposit Paid Date _____ Receipt # _____