

RAYTOWN WATER COMPANY
BUSINESS APPLICATION FOR WATER SERVICE

Account #: _____

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

Business Name: _____ Fed ID #: _____

Purpose/Type of Business: _____

Billing Address: _____

E-mail Address: _____

Contact Name: _____ Phone: _____

Owners Name: _____ SSN: _____

DOB: _____ DL State & #: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Authorized Representative(s):

Name: _____ Phone: _____

Name: _____ 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 _____

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 based on the purpose/type of business, an annual backflow test may be required, per Missouri Department of Natural Resources regulations.

I/We understand that water service will not begin unless and until all past due balances are paid in full for all properties under above listed name(s), if applicable.

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 # _____
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