RAYTOWN WATER COMPANY

OWNER/PROPERTY MANAGER OF RENTAL PROPERTY APPLICATION

	Account #:
Service Address:	Start Date:
Billing Name:	
Maining Address.	
Contact Nama(a):	Fed Id #:
Email:	7 00 10
	Contact Phone:
Owner's Name:	SSN:
DOB:	SSN: DL State & #:
Address:	
Email:	
Phone:	Cell:
Authorized Representa	ve(s):
Name:	Phone:
Name:	Phone:
	Yes No Both (paper & e-bill) Would you like to have your bill automatically paid (ACH)? Yes (contact office for enrollment form) No
Missouri Public Service	Raytown Water Company (The Company) operates under jurisdiction of the Commission (MPSC), their rules, regulations and tariffs of The Company (aMPSC) and that a copy will be provided to me at my request.
and that The Company re	Company does <u>not</u> provide "automatic revert" when a tenant vacates the propert uires notification from an authorized representative (as listed above) to reactivate and ACH will also be reactivated, as listed above.
/We understand that water oroperties under above lis	service will not begin unless and until all past due balances are paid in full for a ed name(s), if applicable.
/We understand that The pe held on the account alth	Company may require a deposit, per above mentioned rules, and that deposit manual bugh service may be in tenants' name.
We agree that all inform ariffs of The Company.	tion provided is current and accurate and will abide by the rules, regulations and
Signature:	Date:
or Office Use Only:	
OP Lease	Deposit Amt. \$ Deposit Paid Date Receipt #