

**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: \_\_\_\_\_ Alt: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Spouse/Roommate/Additional Contact (if applicable)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ DL State & #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

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)?

Yes  No  Both (paper & e-bill)

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

Yes (contact office for enrollment form)  No

Please list all additional 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 # \_\_\_\_\_