

CITY OF MARYVILLE, MISSOURI
APPLICATION FOR WATER/SEWER SERVICE
All Applicants must present a photo ID in person at City Hall

Name _____ Address _____
Phone No. _____ Landlord _____
Drivers License No. _____ Residential Commercial Other
Date of Birth _____
SSN: _____
Employed By _____ Single Dwelling Multiple Dwelling
Contact Person _____
Contact's Phone _____ Water Only Sewer Only Water/Sewer
Contact's Address _____

I hereby authorize the City to release any and all information about my account to my Contact Person named above. _____

I hereby apply for Utilities services as described above and agree to comply with all ordinances, rules or regulations as prescribed by the City of Maryville applicable to the furnishing of Utilities services.

The City of Maryville, Missouri, hereby acknowledges receipt of \$_____ for water/sewer deposit.

ACC'T NO. _____ DATE _____, 20__

SIGNATURE _____

The City of Maryville, Missouri, hereby acknowledges receipt of \$_____ for initiation/transfer fee.

APPLICATION ACCEPTED BY _____

Deposit received this date _____, 20__

Cash: _____ Check _____ Credit Card _____

ATTENTION – IMPORTANT

This copy is YOUR RECEIPT. Deposits may be applied to final bill or will be refunded only when final balances have been paid in full.
