

City of Eldon
Residential Application for Water/Sewer Service

Billing Name _____ Service Address _____

Social Security # _____ Apt # or Lot # _____

Date of Birth _____ Mailing Address _____

Home phone # _____

Employer _____

Employer Phone # _____ Own _____ Rent _____

Landlord's Name _____ Landlord's Phone # _____

Name of Spouse (or Additional Responsible Party) _____

Date of Birth _____ Social Security # _____

Number of occupant(s) _____ Names of persons living in the residence:

I hereby apply for utility services with the City of Eldon and agree to comply with all ordinances, rules and regulations as prescribed by the City of Eldon applicable to the furnishing of utility services. I hereby declare that all information I have listed above is true and correct to the best of my knowledge. **Should any information stand to be false, I understand that my services shall and will be interrupted immediately. Unpaid balances may be turned over to a collection agency.**

Applicant's Signature _____ Spouse/Additional Responsible Party _____ Date _____

(For Official Use Only)

The City of Eldon, Missouri hereby acknowledges receipt of \$ _____ for Water/Sewer deposit this _____ day of _____ 20____.

By: _____ Cash Check # _____ Acct # _____
Deputy Collector

This copy is your receipt and may be required to be presented in order for you to obtain refund of your deposit. Deposits will be applied to the final bill if and when you move. Deposits will be refunded in full only when balances due have been paid in full. **It is your responsibility to notify the City of any changes of responsible parties, billing address, occupancy, or other information pertinent to this account.**