

CITY OF TRUESDALE
109 Pinckney Street
Truesdale, MO
Phone: 636-456-3166 Fax: 636-456-5357

APPLICATION FOR NEW WATER/SEWER/SANITATION SERVICE

PHOTO ID REQUIRED

Date of Application: _____ Date Service to start: _____

Applicant: _____ Driver license # _____
(as it will appear on the water bills) PLEASE PRINT!

Home Phone #: _____ cell phone # _____

Applicant's Date of Birth: _____

Street Address: _____

Mailing Address: _____

Applicant's Place of Employment: _____ Phone# _____

Is there someone beside the applicant who can request changes in the service? If so, complete the information:
Name _____ Telephone # _____

In Household: _____ List names of all those living in household: _____

Check one: _____ Rent _____ Own If **owner**, is this rental property? _____ Yes _____ No

If **renting**, please fill in below:

Name of Owner: _____ Address of Owner: _____
Phone # of Owner: _____

Have you previously had water service in Truesdale? _____ Yes _____ No

In case of an emergency or the City can't contact me, the City of Truesdale should contact the following person:

Name: _____ Relationship to applicant _____ Telephone # _____

_____**(INITIAL)** Water will be turned on the date service is to start as noted on this application. Applicant is responsible for either being at the structure when services is turned on, or have ensured themselves that all water sources are off in the structure. I understand there is a minimum billing from the date water service is started even if there is no usage registered on the meter. I have been informed of the City's ordinance concerning the water bill, when it is due, date penalty is added, disconnection date and service fees.

_____**(INITIAL)** Final Bill information: I will notify City Hall when I move. Once, the final reading is taken and the final bill has been completed, any payment due will be taken from my security deposit, and any balance remaining will be refunded to me. The City requires a minimum of 24 hours before the refund can be issued. It is my responsibility to provide a forwarding address to the Truesdale Water Department.

_____**(INITIAL)** I stated that I have received the "Welcome Letter" from the City Hall, which includes information on the animal leash law, the requirement of City tags for all dogs and cats, the requirement of obtaining a building permit prior to any construction, and other important information.

By the signing of my name below, I acknowledge the initialing of the three statements above and that the information on the application is correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____



For office use only:

Meter Number: _____ Start Meter Reading: _____

Date of Deposit: _____ Method of Payment _____

Deposit Receipt Number: _____

Deposit Amount: _____

_____ Business _____ Residential

Water _____ Yes _____ No Type of Service: _____

Sewer: _____ Yes _____ No Type of Service: _____

Sanitation service _____ Yes _____ No Type of Service: _____

Comments/Additional Information: