Account #_____ Map #_____ Deposit Paid $_____ S/C $_____

Public Water Supply Dist. No. 1 of Putnam County

RR3 BOX 402 • UNIONVILLE, MO 63565 • 660-947-3616

☐ CASH
☐ CHECK

APPLICATION FOR SEWER SERVICE

Name:_____ SS#_____

Roommate/Spouse:_____ SS#_____

Mailing Address:_____

City_____ State_____ Zip _____

Location of Property_____

Number in Family_____ Owner_____ Rent _____
(check one)

Employer_____ Phone_____

Roommate/Spouse's Employer _____

Owner's Name _____

Previous Occupant_____

Date tenancy begins_____

Applicant should be at home when sewer service is connected.

Applicant contractually agrees to pay all sewer charges to this Water District until said applicant has terminated service to this residence.

Applicant hereby agrees to abide by all rules and policies established by said Water District and any hereafter established.

District reserves the right to discontinue sewer service at this residence without further notice if rules, regulations, and policies have not been followed.

"This service is provided on an equal opportunity basis."

_____
Application for service

Date _____

Please check one:
Primary use of water
☐ Domestic
☐ Non-Domestic