

CITY OF CAMDENTON
437 W US Hwy 54
Camdenton, Missouri 65020
Phone: 573-346-3600 Fax: 573-346-2926

APPLICATION FOR NEW WATER/SEWER SERVICE

Date of Application: _____ Date Service Required: _____

Photo ID Required

Home Phone #: _____ E-mail Address: _____

Applicant: _____ SS# _____

Spouse/Co-Applicant: _____ SS# _____

Applicant's Date of Birth: _____ Spouse/Co-Applicant's Date of Birth: _____

Street Address: _____

Mailing Address: _____

Applicant's Place of Employment: _____ Phone# _____

Spouse/Co-Applicant's Place of Employment: _____ Phone# _____

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 Camdenton? _____ Yes _____ No

Do you want your name and address to be public record or do you request confidentiality?
_____ Okay to Publish _____ Don't Publish

*****Responsible Party Section*****

_____ (**INITIAL**) If this account becomes delinquent, I/We agree to be responsible for all collection fees and/or attorney fees, plus any court costs incurred, with the collection of this account. Per City Ordinance 2129-06

_____ (**INITIAL**) Water will be turned on the date service is requested 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.

Applicant's Signature: _____ Date: _____

Spouse/Co-Applicant's Signature: _____ Date: _____

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For office use only:

Meter Number: _____ Date of Deposit: _____

Deposit Number: _____ Deposit Amount: _____

_____ Business _____ Residential _____ ****** Responsible Party Section Initialed**

Sewer: _____ Yes _____ No Out of City: _____ Yes _____ No