

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 - BUSINESS**

Date of Application: \_\_\_\_\_ Date Service Required: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Federal Tax ID or SS#: \_\_\_\_\_ State Tax ID: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Copy of Articles of Incorporation Received: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Phone# \_\_\_\_\_

# of Employees: \_\_\_\_\_

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 service is turned on, or have ensured themselves that all water sources are off in the structure.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Meter Number: \_\_\_\_\_ Date of Deposit: \_\_\_\_\_

Deposit Number: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Comparable businesses checked for deposit: \_\_\_\_\_

**\*\*\*\* Responsible Party Section Initialed**

Sewer: \_\_\_\_\_ Yes \_\_\_\_\_ No

Out of City: \_\_\_\_\_ Yes \_\_\_\_\_ No