



**WATER ♦ SEWER ♦ TRASH**  
 402 East Main Street, Marthasville, MO 63357  
 Phone (636)433-5554  
 cityclerk@marthasvillemo.gov

Service Request: <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> TRANSFER	
Date to Start/Stop/Transfer Service:	
Primary Account Holder:	
Date of Birth:	Social Security Number:
Telephone Number:	Email Address:
Secondary Account Holder:	
Date of Birth:	Social Security Number:
Telephone Number:	Email Address:
Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant/Renter:	Landlord Name:

Previous Service Address: <i>(If transferring services)</i>
New Service Address:

Mailing Address: <i>(If different than service address)</i>
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Location Services: <input type="checkbox"/> Water, Sewer & Trash <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Trash Only
<b>Stopping service: How many and what size trash cart do you have? 65G ___ 95G ___ Starting Service: # Carts ___ 65G ___ 95G ___</b>

*A 10% penalty will be assessed for all payments made after the 20th of each month. If service is shut off for delinquency, the full unpaid balance plus a \$60 reconnection fee must be paid to restore services. If my account is closed and not paid, I am responsible for any fees that are charged for collection of my unpaid debt. I have read and understand the terms for which water, sewer, and trash services will be billed to my account, and that all of the above information is correct. I further understand that the City may revise my rates at any time.*

**FORM MUST BE FULLY COMPLETED AND SIGNED BEFORE BEING ACCEPTED. THANK YOU, CITY OF MARTHASVILLE**

Signature:	Date of Request:
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Office Use Only		
STARTING	STOPPING	BILLING
New SID#:	Previous SID#:	Que:
Deposit Date:	End Meter Reading:	Turnover:
Deposit ID#:	Final Bill Amount:	Meter Legal:
Deposit Amount:	Deposit Refund Date:	Deposit ID:
Receipt #:	Deposit Refund Amount:	E-News:
Beginning Reading:	Deposit Refund Check #:	Update Trash:

City Of Marthasville

CONSUMER FINANCIAL RESPONSIBILITY & COMMUNICATION AGREEMENT

I \_\_\_\_\_ ("Consumer" or "me") acknowledge that I have read and understand the financial responsibility & communication policies of (client) and agree to each and all of (client) financial & communication policies.

1. The Consumer is financially responsible for the payment of all services/products and the full amount after accounting for all adjustment and other potential considerations provided by (client).
2. The Consumer authorizes (client) to release all consumer information necessary to collect any debt related to the service/products the Consumer received from (Client) to any third party contracted by (client) for debt collection or other services.
3. The Consumer consents to a returned check fee, up to the full amount authorized by law, if the Consumer's check is declined.
4. The Consumer agrees to pay all amounts due on time. If Consumer fails to pay on time and (client) refers Consumer's account(s) to a third party for collection, a collection fee of 30% of the balance will be assessed and will be due at the time of the referral to the third party. In the event (client) retains an attorney to collect any amount of a consumer's unpaid bills, whether or not a lawsuit is ever filed, Consumer also agrees to pay legal expenses, including without limitation court costs and reasonable attorney's fees.
5. The Consumer agrees to allow (client) and its agents, and anyone who collects on its behalf, including any third party debt collector to contact Consumer about Consumer's account status, including past due or current charges, using prerecorded calls, e-mail and call or messages, including but not limited to text or SMS or landline phone number, other contact number or e-mail address provided by Consumer. (clients) and its agents or anyone who collects on its behalf, including any third-party debt collector, will treat any e-mail address you provide as your private e-mail that is not accessible by unauthorized third parties. Unless you notify us that your wireless device is based in a different time zone than the area code assigned to the wireless device, calls will be made to your wireless device during permitted calling hours based upon the time zone affiliated with the wireless device and assigned area code you provided.

I have read, understand, and agree to the provisions of this Consumer Financial Responsibility and Communication Agreement:

\_\_\_\_\_  
Signature of Consumer/Guardian \_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

e-mail: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

e-mail: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_