



APPLICATION FOR UTILITY SERVICES

WATER ♦ SEWER ♦ TRASH

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

Service Request: START STOP TRANSFER OTHER:

Date to Start/Stop/Transfer Service:

Primary Name:

Date of Birth:	Social Security Number:
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Telephone Number:	Email Address:
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Secondary Name:

Date of Birth:	Social Security Number:
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Telephone Number:	Email Address:
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Applicant: Property Owner Tenant Landlord Name:

Previous Service Address:
(If transferring services)

New Service Address:

Mailing Address:
(If different than service address)

Location Services: Water, Sewer & Trash Water & Sewer Trash Only Other:

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 the the City may revise my rates at any time.

Recycle cart must be set out on the service date or you will be billed \$50 on your final bill.

Signature:	Date of Request:
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Office Use Only

STARTING	STOPPING	BILLING
New SID#:	Previous SID#:	Holding Cell:
Deposit Date:	End Meter Reading:	Turnover:
Deposit ID#:	Final Bill Amount:	Meter Legal:
Deposit Amount:	Deposit Refund Date:	Deposit ID:
Receipt #:	Deposit Refund Amount:	Ghost Accout:
Beginning Reading:	Deposit Refund Check #:	
	JE #:	
	Recycle Cart Returned:	

