



City of Warrenton
200 West Booneslick Warrenton, MO 63383
Phone: 636-456-3535 Fax: 636-456-8135
www.warrenton-mo.org

APPLICATION for UTILITY SERVICE - RESIDENTIAL

Primary Account Holder

Customer Name

(Please Note: Anyone listed as the customer has the ability to make changes to the account.)

Service Address

Mailing Address

Date of Service Phone #

Date of Birth SSN last 4 digits

E-mail Address

Own or Rent Landlord's Name if Renting

Secondary Account

Customer Name

Date of Birth SSN last 4 digits Phone #

The undersigned hereby applies for water, sewer and trash services from the City of Warrenton for his/her premises, and hereby agrees to pay the service charges for water, sewer, and trash services as fixed by the City of Warrenton. In the event of failure to pay for these services the City shall have the right to discontinue services, at its election and the undersigned agrees to be bound by the rules, regulations, and ordinances of the City of Warrenton for the control of its utility systems. Applicant further agrees to pay any and all past due balances from previous accounts, attorney fees, and reasonable collection costs for unpaid service charges, whether incurred by filing a lawsuit or otherwise.

I understand that if I intend to cancel service at this location a disconnection form must be signed in order to avoid additional charges.

If any residential property shall be vacant for 60 consecutive days or more, the owner or tenant may suspend service by making application for such suspension in advance of vacancy.

Applicants Signature Date

OFFICE USE ONLY

Account #

Deposit Receipt # Date of Deposit Deposit Amt\$

Service ON Service OFF Turn on Time Begin Reading

Type of Trash Service: AMT\$

Handstop or Dumpster AMT\$



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Sales Tax Form

Please check one corresponding box reflecting the predominant use.
Sign below and return to Warrenton Finance Department.

NON TAXABLE DOMESTIC

- HOUSEHOLD
- HOUSE WELL
- CABIN

TAXABLE

- RENTAL-HOUSE/APT
- COMMERCIAL
- FARMING BARN
- DAIRY BARN
- FARM WELL
- OTHER-PLEASE SPECIFY

The above information, to the best of my knowledge, is complete, correct and true.

If electricity, water or gas purchased results in a sales tax liability due to a use other than stated above, I assume such responsibility for remitting such tax due directly to the Director of Revenue.

Signature _____

Date _____

Return this form to the Warrenton Finance Department, 200 W Booneslick, Warrenton, MO 63383, or you will be charged sales tax on the water usage.