



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 Service

Customer Name: _____
Service Address: _____
Mailing Address: _____
Date of Service: _____ Phone Number: _____
SSN/DL#: _____ Date of Birth: _____
Email Address: _____
Own/Rent: _____ Landlord's Name: _____
List of Occupants: _____

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.

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.

Applicant's Signature: _____ Date: _____

Office Use Only

Deposit Receipt # _____ Date of Deposit _____ Deposit Amt _____

Service ON () Service OFF () Turn on time: _____ Begin Reading: _____

Type of Trash Service: _____ Amt \$ _____

Recycling Service: Yes () No () \$ _____

Recycling Bin needed: Yes () No ()