



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

Residential Utilities Sign-up Letter

Please include the following:

- Residential Application
- Copy of Drivers License
- Deposit of \$100.00 house/per unit
- Copy of lease (if renting) must be the same name as on application
- Residential Inspection/Residential Inspection Permit must be completed.

If all of the above is NOT provided, services will not be transferred.

E-BILLING form is optional, not required

Utilities include water, sewer and trash. Trash service is provided for INSIDE CITY LIMITS Residential customers only. You will need to contact Grace Hauling to acquire a trash and recycle tote 636-398-8060 EX. 1. You can rent an extra tote for \$3 each; make arrangements with Grace Hauling who will bill you separately for this. You may use your own trash cans but Grace Hauling is not responsible if it gets damaged or broken.

Mail Forms to: City of Warrenton
200 W Booneslick Rd
Warrenton MO 63383
Attn: Billing Clerk

E-mail forms: utility@warrenton-mo.org

To Pay Online: www.warrenton-mo.org

Go To: ONLINE PAYMENTS - UTILITY PAYMENT

By Phone: 1-866-330-1470

Thank you,

Utility Billing Clerk

utility@warrenton-mo.org

636-456-3535



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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 _____

Handstop ☐ or Dumpster ☐ AMT\$ _____



**\$50 Inspection fee due with application
Includes initial inspection and one re-inspection
\$25 fee each subsequent inspection.**

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Application for Residential Inspection Permit - Occupants

City RI# _____
(office use only)

Approved for

_____ occupants

The names of ALL occupants are to be provided when the permit is issued.

Any occupant 18 or older must provide copy of driver's license.

Copy of lease page showing leasee's names – one leasee must complete section below

Name

Age

Phone Number if 18 or older

Occupant's Signature _____ Date: _____



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Authorization Agreement for Paperless E-billing

Please provide the following information. When completed and signed you may submit it in person at City Hall, via mail, or fax, or by e-mailing it to utility@warrenton-mo.org

Customer's Name: _____

Utility Billing Account Number: _____

Property Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Confirm E-mail: _____

Select One:

☐ ADD
(New Participant)

☐ CHANGE
(Update E-mail address)

☐ DELETE
(Cancel Participation)

I understand that I am registering to have my bill sent to the e-mail address that I have provided. I will be responsible to make sure that I receive the e-mail containing my bill regardless of any spam/junk mail filters and/or computer or e-mail issues. I further understand that it is my responsibility to notify the City if my e-mail address changes.

I understand that I will no longer receive a paper bill in the mail.

Customer Signature: _____

Date: _____