



CITY OF WILLARD, MISSOURI
BULK
WATER SERVICE

Business/ Name _____ EIN or SSN # _____
DOB _____ Driver's License # _____ State _____
Phone # _____ Cell # _____ Work # _____
Email _____

Service Address (where meter will need to be set):

Mailing Address :

Contact Person/Attention To: _____

City _____ State _____ Zip _____

How I would like to receive my bill: [] print only [] e-bill only [] e-bill and a printed copy
I would prefer [] Text Messages or [] Robo Calls

Date requested to start service _____ / _____ / _____

*Request date cannot be sooner than the next business day from this application date.

By signing below, I agree to abide by all rules and policies established by the City of Willard, MO. (Available for review at City Hall). I also agree that I will NOT turn on or turn off my water meter or allow anybody else (including but not limited to professionals) to turn it on or off for any reason.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Deposit Amount Paid: Water \$ _____ Cash / Check/ Card Account # _____
_____ % ID Check _____ SO Created _____ Account Note _____ Mailing address _____