



CITY OF WILLARD, MISSOURI COMMERCIAL APPLICATION FOR WATER/SEWER SERVICE

Business Name _____ EIN or SSN # _____

DOB _____ Driver's License # _____ State _____

Phone # _____ Cell # _____ Work # _____

Email _____

Service Address: _____

City _____ State _____ Zip _____

Mailing Address (*if different from above*):

Contact Person/Attention To: _____

City _____ State _____ Zip _____

Date requested to start service _____ / _____ / _____

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

Do you: Own Rent (If you are renting this property, please provide the following):

Name of Landlord _____ Phone _____

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

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 Transferring from # _____ - _____ - _____

_____ Account Note _____ Mailing address LL Acct # Cancelled _____ - _____ - _____