

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

Applicant Name		SSN#
DOB	Driver's License#	\$ State
		Work #
information in	cluding the right to cancel service a	authorize this person to have complete access to any/all account and provide a forwarding address to the property listed.
DOB	 Driver's License#	State
Phone #	Other #	State (Must be present with driver's license)
	City	
Mailing Address: (if dif	ferent from above)	
C	Lity	StateZip
		rvice/
*Request	date cannot be sooner than the	e next business day from this application date.
How many people will	be living here?Ac	dults (18+)Children
Do you: Own	Rent (If you are renting this p	property, please provide the following):
Name of Landlord		Phone
Optional Trash service: V		ce from the listed providers, as well as free recycling in city limits
I want trash service pr	ovided by: [CHECK ONE]	<i>PATRIOT</i> GFL (was <i>WCA) REPUBLIC</i> Willard City limits)
		nly □ e-bill only □ e-bill and a printed copy Text message (phone #)
		ned by the City of Willard, MO. (Available for review at City Hall). I also anybody else (including but not limited to professionals) for any reason.
Applicant Signature		Date
Co-Applicant Signatur	re	Date
	OFFIC	DE LICE ONLY
	UFFIC	CE USE ONLY
		Account #
		Account Noteemail/bookSewer Quantity
TR/RC		Trash Activity LogMailing addres
LL Acct # Cancelled		Co-applicant AddedScanned & Uploade
:\City Hall Files\Shared Documents	s\Utilities\Applications & Cancellations\App	plication RESIDENTIAL WATER TRASH.DOCX