



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

Applicant Name _____ SSN # _____

DOB _____ Driver's License # _____ State _____

Phone # _____ Other # _____ Work # _____

Email _____

Co-Applicant Information: *By adding a co-applicant, you authorize this person to have complete access to any/all account information including the right to cancel service and provide a forwarding address to the property listed.

Co-Applicant Name _____ SSN _____

DOB _____ Driver's License # _____ State _____

Phone # _____ Other # _____ **(Must be present with driver's license)**

Service Address: _____

City _____ Zip _____

Mailing Address: (if different from above) _____

City _____ State _____ Zip _____

Date requested to start service ____/____/____

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

How many people will be living here? ____ Adults (18+) ____ Children

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 Robo calls or Text message (phone # _____)

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) for any reason.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Deposit Amount Paid: Water \$ _____ Account # _____
_____ % ID Check _____ SO created _____ Account Note _____ email/book _____ Sewer Quantity
_____ Mailing address LL Acct # Cancelled _____ Co-applicant Added
_____ Scanned & Uploaded