



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

Applicant Name _____ SSN # _____ DOB _____
Driver's License # _____ State _____ Email _____
Phone # _____ Cell # _____ Work # _____

Service Address (moving from): _____

Date requested to End service ____/____/____

***Request date cannot be more than 2 weeks from start date below.**

Service Address (moving to): _____

City _____ State _____ 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 like Text Messages: Yes No

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 _____

OFFICE USE ONLY

Deposit Amount Transferred: Water \$ _____ Transferring To # _____ - _____ - _____
_____ % ID Check SO Created _____ Sewer Quantity _____ Account Note _____
Mailing address _____ LL Account Cancelled # _____ - _____ - _____ Co-applicant Added _____
Scanned & Uploaded (both accts) _____

Transferring From # _____ - _____ - _____ LL Acct Started _____ - _____ - _____

Mailing address _____ **Changed Status to:** _____

If LL Account - Sewer (400) is turned OFF _____ & Sewer (401) is turned ON _____ Application Found Yes No

Transferred to Account # _____ - _____ - _____ Applied to Acct.