



Card Must be Complete

APPLICATION FOR WATER

City of Webb City, Water Dept. Webb City, MO

DATE: _____ METER DEPOSIT \$ _____ # _____

RESIDENCE COMMERCIAL RENT OWN

Name _____ Address of Property _____

SS # _____ Home/Cell Phone # _____

DOB _____ Employer _____ # _____

Roommate/Spouse _____ Roommate/Spouse SS # _____

Cell Phone # _____ Employer _____ # _____

Reference _____ Phone # _____ Relationship _____

Landlord _____ Phone # _____

Mailing Address _____

I agree to comply with the rules in force or hereafter to be made by the City of Webb City, Water Dept. & hereby guarantee the payment of all bills as they may become due.

Signature _____ Mother's Maiden Name _____