



CITY OF WEBB CITY
APPLICATION FOR WATER, SEWER, AND TRASH
(APPLICATION MUST BE COMPLETE)

DATE: _____ METER DEPOSIT \$ _____ # _____

RESIDENCE _____ COMMERCIAL _____ RENT _____ OWN _____

APPLICANT

Name _____

Service Address _____

SS# _____ DOB _____

Phone# _____ Mother Maiden Name _____

Employer _____ Employer's Phone# _____

Mailing Address _____

(If not the same as service address)

CO-Applicant (Photo ID Required)

Name _____

Phone# _____

SS# _____ DOB _____

Employer _____ Employer's Phone# _____

Landlord Information

Name _____ Phone # _____

EMERGENCY CONTACT (not living with you)

Name _____ Relationship _____

Phone # _____

I agree to comply with the rules in force or hereafter to be made by the City of Webb City, Water Dept and hereby guarantee the payment of all the bills as they may become due. Applicant also understands that if married, the applicant's spouse is equally liable for all charges incurred.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____