



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 # \_\_\_\_\_

SSN# \_\_\_\_\_ 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 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 \_\_\_\_\_