



City of Southwest City UTILITY SERVICE APPLICATION

City of Southwest City
302 South Main
PO Box 313
Southwest City, MO 64863
P: 417-762-3767
F: 417-762-3038

Primary applicant:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Realtor <input type="checkbox"/> Mgmt. Company	
Applicant mailing address:		Email address:	
		Phone number:	
Last four digits of SSN:	Date of birth:	Driver's lic. number:	
Secondary applicant:		Email address:	
		Phone number:	
Last four digits of SSN:	Date of birth:	Driver's lic. number:	
Service address:		Property Owner:	
		Phone number:	

APPLICATION TYPE
<input type="checkbox"/> Water Service
<input type="checkbox"/> Sewer Service
<input type="checkbox"/> Trash Service
<input type="checkbox"/> Account Transfer
<input type="checkbox"/> Water Tap
<input type="checkbox"/> Sewer Tap
<input type="checkbox"/> Road Cut

FEES DUE
Deposit _____
Service _____
TOTAL _____
Acct # _____

INITIAL BELOW

_____ In consideration for having water service initiated / restored at the above address, I agree that someone will be on the property to check for leakages. The City is not responsible for water damage to this property or its contents. I have been advised to turn off any private cut off valve. Once application is processed, it may take up to one (1) business day to initiate / restore water service. Any additional trips to property will be assessed a thirty-five dollar (\$35) trip charge.

_____ All water / sewer / trash bills are due and payable by the close of business on the 20th of each month. If the bill is not paid by this date, an automatic ten dollar (\$10) late charge will be added. If a past due amount is shown on the bill, the full amount due must be paid or service will be discontinued without further notice. An additional fifty dollar (\$50) reconnect fee will be added to any account where services have been disconnected; the current amount due of the bill and the reconnect fee will need to be paid in full before services can be restored. Failure to receive a bill does not entitle delayed payment. There will be a twenty-five dollar (\$25) charge for all returned checks. Applicant is responsible for all charges until the applicant has requested service to be terminated in his/her name.

_____ I understand and hereby agree: (1) falsification of any of information may result in disconnection of service without notice; (2) failure to pay in accordance with City's policies will result in disconnection; (3) all water going through the meter is the customer's responsibility - any leaks that are repaired within thirty (30) days of notifying the city may be given a cost adjustment upon submittal of repair receipt & verification; (4) failure to pay final bill will result in submission to collections - I will be responsible for all late charges and collection costs; (5) no one living in my household has an outstanding balance owing the city; (6) deposits will be refunded after settlement of the final bill; and (7) all qualifications and agreements hereto apply fully for any and all successive addresses for which applicant transfers to within district.

SERVICE RATES

Water Service	
Minimum - 1,000 gallons	\$15.35
Per 1,000 gallons (over 1,000)	\$5.20
Bulk Rate (Tank) Per 1,000 gallons	\$12.00

New rate effective 1/1/2021
New rate effective 1/1/2021

Sewer Service	
First 1,000 gallons (Base Rate)	\$18.38
Each 1,000 gallons thereafter	\$6.12

New rate effective 1/1/2021
New rate effective 1/1/2021

Trash Service	Residential	Seniors Citizens - 65 years of age
Monthly Service Fee	\$10.00	\$8.50

Water Tap	Inside/Outside City Limits
5/8x3/4" meter	\$800.00
1" meter	\$1,500.00
2" meter	\$2,000.00

Water Deposit	\$75.00
Reconnect Fee	\$50.00
Return Check Fee	\$25.00

Sewer Tap	\$200.00
Street Cut - Full	\$600.00
Street Cut - Half	\$300.00

SIGNATURE OF PRIMARY APPLICANT

PRINT NAME

DATE

SIGNATURE OF SECONDARY APPLICANT

PRINT NAME

DATE

OFFICE USE ONLY:

METER LOCATION: _____

ROUTE NUMBER: _____

SERVICE TYPE:

COMMERICAL

RESIDENTIAL

SPECIAL SERVICES (WORK ORDER REQUIRED):

SEWER TAP

STREET CUT - FULL

WATER TAP

STREET CUT - HALF

CONNECT DATE: _____

COMPLETED BY: _____

DISCONNECT DATE: _____

COMPLETED BY: _____

BEGINNING METER READING: _____

ENDING METER READING: _____

AMOUNT OF DEPOSIT ON FILE: \$ _____

DATE OF DEPOSIT: _____

DEPOSIT RECEIPT NO.: _____

DEPOSIT PAYMENT TYPE: _____

FINAL BILL POSTED: _____

FINAL BILL AMOUNT: _____

DEPOSIT AMOUNT APPLIED TO ACCOUNT: \$ _____

DATE: _____

CHECK NUMBER: _____

DEPOSIT REFUND TO CUSTOMER: \$ _____

DATE: _____

CHECK NUMBER: _____