



**Residential**

Account# \_\_\_\_\_

**City of Pevely Water/Sewer/Trash Department**

**Name of Applicant(1):** \_\_\_\_\_

**Applicant(2):** \_\_\_\_\_

**Address of Service:** \_\_\_\_\_

**Home# and/or Cell#:** \_\_\_\_\_

Applicant's Billing Information if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

**Type of Building:** Home ( ) Mobile Home ( ) Apt ( )

**Use of Property:** Private Owner ( ) Rental Unit ( )

**Landlord/Owner's Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City and State: \_\_\_\_\_

(1) Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

(2) Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

**FOR OFFICE USE**

**Amount of Deposit:**      **\$100.00**Renter/Mobile      **\$60.00**Owner

Executed: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Meter# \_\_\_\_\_ Beg Read \_\_\_\_\_

EMB \_\_\_\_\_ B+1 \_\_\_\_\_ MXU# \_\_\_\_\_