

Small Town
with Big City
Convenience

CITY OF DEARBORN
P.O. BOX 86
100 SHORT ST
DEARBORN, MO 64439
816-992-3576 FAX 816-992-8704



RESIDENTIAL APPLICATION FOR WATER SEWER & TRASH SERVICE

NAME (OCCUPANT)		SPOUSE/OTHER OCCUPANT	
SERVICE ADDRESS			
MAILING ADDRESS (IF NOT THE SAME)			
CITY		STATE	ZIP
HOME TELEPHONE		MOBILE OR ALTERNATE PHONE NUMBER	
DRIVERS LICENSE OR ID #		EMAIL ADDRESS	
DATE OF BIRTH		DATE OF BIRTH (SPOUSE/OTHER OCCUPANT)	
EMPLOYER			
EMPLOYER CONTACT PHONE #			
Emergency Contact Name		Emergency Phone Number	
Landlord or Mortgage Holder			

I, the undersigned account holder, hereby authorize the City of Dearborn to use the above information to establish water, sewer and/or trash service in my name. I understand that I will be billed monthly. I understand that payment on my account is due no later than the 10th of each month and if not paid a late fee will be applied as well as service disconnection and reconnection fees if applicable. I verify that I am wholly responsible for any and all charges associated on this account.

Please sign, date and return with \$100.00 meter deposit.

Signature		Date	
Permission to give name and address to the local Welcome Wagon		NO	YES

FOR OFFICE USE ONLY

Account Number	<input type="checkbox"/> ID <input type="checkbox"/> RENTER <input type="checkbox"/> OWNER	Beginning Service Date
Amount & Date Deposit Received		Ending Service Date
Date & Amount of Deposit Returned		Note
Forwarding Address		