



103 West Beaver Street / P.O. Box 397
Anderson, Missouri 64831
Phone: 417-845-6463 / Fax: 417-845-6442

Application for Utility Service

Security Deposit - \$80.00

Name/Business: _____

Mailing Address: _____

Telephone: _____

Social Security No: _____

Physical Address of Residence/Business: _____

☐ Private Residence ☐ Commercial Business ☐ Inside City Limits ☐ Outside City Limits

☐ Own ☐ Rent Name of Property Owner: _____

Service Requested: ☐ Water ☐ Sewer ☐ Trash (available inside city limits)

Spouse/Roommate/Other Individual (who shares responsibility for bills for this residence/business)

Name: _____

Telephone: _____

Social Security No: _____

Number of Residents: _____ Do you own a dog? ☐ Yes ☐ No Breed: _____

Is the animal up to date on shots? ☐ Yes ☐ No

Friend or Relative not living with you:

Name: _____ Address: _____

Telephone: _____

Have you or anyone living with you ever had water service in Anderson? ☐ Yes ☐ No

If yes, list the name(s) of any persons who had service: _____

Address you last lived: _____

Pursuant to City Ordinance – Section 705.090

I understand that payments are due by the 21st of each month. A late fee of \$15.00 will be assessed on the 22nd of each month for any outstanding payments. Failure to pay the bill within 10 days of the 21st shall result in the disconnecting of services. If my service is disconnected, a reconnect fee of \$20.00 will be required to restore services. I understand that if my service is disconnected, it will NOT be reconnected until the bill is paid in full, including the reconnect fee.

Signature

Date

For Office Use Only:

Meter Location: _____

Meter Serial: _____

Meter Reading: _____

Date of Reading: _____

Account No: _____

Taken by: _____

Deposit Due: _____

Deposit Amount Pd: _____

Deposit Date: _____

Paid by: ☐ Cash ☐ Credit Card ☐ Check (____)

Entered: _____

