



WATER APPLICATION

SERVICE ADDRESS _____

INSIDE CITY LIMITS

OUTSIDE CITY LIMITS

RAY COUNTY

CLAY COUNTY

PLEASE INDICATE BELOW THE ITEMS THAT BEST DESCRIBES YOUR USE OF WATER:

DOMESTIC

INDUSTRIAL

COMMERCIAL

EXEMPT

FARM (GRAIN DRYER)

OTHER (PLEASE EXPLAIN) _____

RENTAL (OWNER PAYS UTILITIES) or OWN PROPERTY

ACCOUNT CONTACT PERSON _____

SERVICE START DATE _____

PHONE _____

APPLICANT NAME _____

CO-APPLICANT NAME _____

DRIVERS LICENSE NUMBER _____

DRIVERS LICENSE NUMBER _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PHONE _____

EMAIL _____

EMAIL _____

EMPLOYER _____

EMPLOYER PHONE _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____

PHONE _____

LANDLORD NAME _____

PHONE _____

LANDLORD ADDRESS _____

CITY _____ STATE _____ ZIP _____

I HEREBY MAKE APPLICATION FOR SERVICE AS SHOWN ABOVE, SUBJECT TO RULES AND ORDINANCES REGULATING THE CITY OF LAWSON UTILITY DEPARTMENT

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

Welcome to Lawson, MO

BELOW FOR OFFICE USE ONLY

DATE OF DEPOSIT _____ RECEIPT # _____ AMOUNT OF DEPOSIT \$ _____

START UP READING _____ DATE OF READING _____

ACCOUNT NUMBER _____