



# 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 \_\_\_\_\_