

City of Urich, Missouri ~ ~ Water/Sewer Service Application

Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Physical address:		Email address:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Landlord Name:		Ph #
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Landlord Name & Phone #:		How long?

Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Supervisor:	Full Time Part Time (please circle)	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information, if Married

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:	State:	ZIP Code:	
Previous address (if not the same as applicant):			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Landlord & Ph #:		How long?

Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Supervisor:	Full Time Part Time (please circle)	

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Deposit Amount: _____ Date: _____ Reading Date: _____ Meter Reading: _____
 City Clerk Approved: _____ Approved by Public Works Supervisor: _____