

**CITY OF BRANSON
WATER & SEWER SERVICE
RESIDENTIAL APPLICATION**

FOR OFFICE USE ONLY		
CUSTOMER ID _____		RESIDENTIAL SERVICE
LOCATION ID _____		
INITIAL READING _____	DEPOSIT AMOUNT _____	CASH/CHECK/MONEY ORDER/CC
		CHECK # _____
PREVIOUS CUSTOMER _____		

Customer Information
(PLEASE PRINT)

DATE OF SERVICE _____

CUSTOMER NAME _____ SOCIAL SECURITY _____

SERVICE ADDRESS _____ DATE OF BIRTH _____

MAILING ADDRESS _____ PHONE # _____

CITY, STATE, ZIP CODE _____

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We must have the following information completed in full. Please check the appropriate blank.
Thank you.

1. ARE YOU THE OWNER _____ RENTER _____

2. IS THE SERVICE AT THE LOCATION FOR:

_____ YOUR HOME _____ VACATION HOME _____ LONG-TERM RENTAL _____ WKLY/MNTHLY RENTAL
_____ BUSINESS LOCATION _____ IRRIGATION METER _____ OTHER (EXPLAIN)

3. IF YOU ARE THE RENTER, PLEASE LIST THE OWNER'S NAME.

Signature

Date

I do hereby agree to pay all charges for water and/or sewer service at the above location as long as said service remains in my name. At which time I move out, I will notify the City of Branson to discontinue service in my name and will submit a new mailing address at that time.