



**CITY OF BRANSON
 WATER & SEWER SERVICE
 CUSTOMER INFORMATION FORM
 RESIDENTIAL APPLICATION
 (PLEASE PRINT)**

DATE OF SERVICE _____

CUSTOMER NAME _____ SOCIAL SECURITY _____

DATE OF BIRTH _____

911 LOCATION ADDRESS _____ PHONE # _____

MAILING ADDRESS _____

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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 _____ RENTAL RESIDENCE

_____ 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.