



**CITY OF RAYMORE
APPLICATION FOR RESIDENTIAL WATER/SEWER SERVICE**

DATE OF SERVICE REQUESTED: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT)

DAYTIME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ EMPLOYMENT: _____

SS# _____ SPOUSE SS# _____

DRIVER'S LICENSE # _____ (COPY OF I.D. REQUIRED FOR VERIFICATION)

WHERE ARE YOU MOVING FROM?? _____
City State

RENT _____ OWN _____ RESIDENTIAL DEPOSIT \$150.00 PAID: CASH _____ CHECK _____
CREDIT CARD _____

If you are Renting please provide the Name and Address of your Landlord:

LANDLORD: _____

ADDRESS: _____

HOW WOULD YOU LIKE TO RECEIVE YOUR MONTHLY STATEMENT:

PAPER STATEMENT _____ E-MAIL STATEMENT _____ BOTH _____

EMAIL ADDRESS: _____

I acknowledge that the above information is true and correct and I hereby apply for water/sewer service and agree to comply with all ordinances, rules or regulations as prescribed by the City of Raymore applicable to the furnishing of water/sewer service.

Signature

Date

OFFICE USE ONLY

SEWER OPTIONS: ACTUAL VOLUME _____ WINTER AVERAGE _____

WORK ORDER # _____ INITIALS _____ DATE/TIME _____