



CITY OF BATTLEFIELD
5434 S TOWER DRIVE
BATTLEFIELD, MO 65619
417-883-5840

LANDLORD AGREEMENT

LANDLORD NAME _____

SOCIAL SECURITY # _____ HOME TELEPHONE # _____

DRIVER LICENSE # _____ DATE OF BIRTH _____

SERVICE ADDRESS 1 _____

SERVICE ADDRESS 2 _____

SERVICE ADDRESS 3 _____

If there are more service addresses please write them on the back.

LANDLORD BILLING ADDRESS & PHONE NUMBER

EMPLOYER NAME, ADDRESS, & PHONE NUMBER

RSMo 250.140. SEWERAGE SERVICES ... SHALL BE DEEMED TO BE FURNISHED TO BOTH THE OCCUPANT AND OWNER OF THE PREMISES RECEIVING SUCH SERVICE AND THE CITY, TOWN, OR VILLAGE, OR SEWER DISTRICT RENDERING SUCH SERVICES SHALL HAVE POWER TO SUE THE OCCUPANT OR OWNER, OR BOTH, OF SUCH REAL ESTATE IN A CIVIL ACTION TO RECOVER ANY SUMS DUE FOR SUCH SERVICES, PLUS A REASONABLE ATTORNEY'S FEE TO BE FIXED BY THE COURT.

I UNDERSTAND THAT I WILL NEED TO OR HAVE ALREADY CONTACTED PWSO #1 TO MEET THEIR REQUIREMENTS FOR MY WATER BILLING.

I HEREBY CERTIFY THAT ALL OF THE ABOVE FACTS ARE TRUE.

SIGNATURE OF APPLICANT _____ DATE _____