



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

Application for Sewer Service

Please Print:

Date to Start Service _____

Service Address _____

Customer Name _____

Co-Applicant _____

Phone Number _____ Home/Cell _____ Date of Birth _____

Billing Address (If different) _____

The number of people living in the household _____

Employers Name _____

Address _____ Phone _____

Do you own the Home? Yes/No Date of Closing _____

If Renting Landlord Name: _____

Address: _____ Phone: _____

If service emergency occurs: Emergency Contact _____

Phone Number _____

TERMS AND CONDITIONS

- Sewer payments are **due by the 5th** of each month.
- All payments sent to The City of Battlefield for The Public Water Supply District #1 will be returned to the address listed on either the check or the payment stub.
- Once two checks have come back with insufficient funds, the account holder will no longer be able to pay with a check
- If account is two months past due after the 5th of the month, a disconnect notice will be delivered to the service address with instructions to avoid service interruption.
- We are in a contract with Public Water Supply District #1, which allows us to **turn off water** for non-payment of sewer services.
- Once a disconnect notice is issued, **cash; money order; debit card or credit card** is the only form of payment that will be accepted to bring account current.
- If no payment is received, water and sewer service will be shut off. To re-establish services, a **\$30.00 reconnect** fee will be due along with all past due charges.
- Two pay agreements will be available per calendar year, per account. **A 10% surcharge** will be added to the amount being postponed. If pay agreement is not met, no further pay agreements will be given during the remainder of that calendar year.
- I understand that I will need to/or have already **contacted Public Water Supply District #1** to meet their requirements for my water services and billing.

I would like my personal information to be kept confidential: _____
(Initials)

Would you like to receive a paper bill _____, e-bill _____, or both _____?

Email _____

THE UNDERSIGNED CERTIFIES THAT HE/SHE UNDERSTANDS THE ABOVE STATEMENTS AND ALL OF THE ABOVE FACTS ARE TRUE AND HEREBY CONSENT(S) TO VENUE AND JURISDICTION FOR THE ENFORCEMENT OF THIS AGREEMENT IN BATTLEFIELD MUNICIPAL COURT

SIGNATURE OF APPLICANT _____ DATE _____

***** Below is for office use only*****

Receipt #: _____

Date of Deposit: _____

Amount Paid: _____

Check #: _____ Cash _____

Other _____