



1424 South Street / P.O Box 590 Stockton, Missouri 65785  
City Hall 417-276-5210 Fax 417-276-6357

## Water / Sewer / Trash Contract

Date: \_\_\_\_\_  
Owner / Name: \_\_\_\_\_  
Renter / Name: \_\_\_\_\_  
Circle Type of Service: RESIDENTIAL COMMERCIAL MANUFACTURER  
Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City / State / Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Employment: \_\_\_\_\_

### PLEASE INITIAL – CONFIRMING YOU HAVE PROVIDED & UNDERSTAND THE INFORMATION REQUIRED

\_\_\_\_\_ A DEPOSIT OF \$50.00 IF I AM AN OWNER & \$100.00 IF I AM A RENTER TO  
HAVE WATER/SEWER/TRASH SERVICE TURNED ON  
\_\_\_\_\_ A COPY OF MY VALID DRIVER'S LICENSE/PICTURE ID  
\_\_\_\_\_ PROOF OF OWNERSHIP OR RENTAL / LEASE AGREEMENT

### PLEASE READ & INITIAL EACH STATEMENT

\_\_\_\_\_ I UNDERSTAND BILLS ARE DUE UPON RECEIPT- PAYMENT RECEIVED AFTER  
THE 15<sup>TH</sup> MUST INCLUDE A 10% PENALTY-WATER IS SUBJECT TO SHUT OFF  
ON THE 20<sup>TH</sup> OF EACH MONTH FOR ALL ACCTS NOT PAID IN FULL BY 10:00 A.M.  
\_\_\_\_\_ I UNDERSTAND THERE IS A DELINQUENT FEE OF \$75.00 IF MY ACCOUNT IS NOT  
PAID IN FULL BY 10:00 A.M ON THE 20<sup>TH</sup>  
\_\_\_\_\_ I UNDERSTAND MY SERVICE WILL NOT CONTINUE UNTIL THE ACCT  
& FEES ARE PAID IN FULL. I AM RESPONSIBLE FOR A \$500.00 FINE  
IN THE EVENT MY WATER METER IS TAMPERED WITH.  
\_\_\_\_\_ I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY CITY HALL PRIOR  
TO MOVING OUT SO A FINAL READING CAN BE DONE TO GENERATE A FINAL  
BILL. MY DEPOSIT WILL BE REFUNDED ONLY & AFTER ANY CURRENT &  
PAST BILLS ARE PAID IN FULL.  
\_\_\_\_\_ I UNDERSTAND THERE IS A MANDATORY TRASH SERVICE FEE ADDED TO MY  
WATER BILL EACH MONTH.

SIGNATURE: \_\_\_\_\_

\*\*\*\*\*OFFICE PERSONNEL\*\*\*\*\*

OWNER / RENTER DEP. AMT. \$\_\_\_\_\_ CASH CC CHECK#\_\_\_\_\_ ACCT#\_\_\_\_\_  
INSIDE / OUTSIDE WATER\_\_ SEWER\_\_ METER READING\_\_\_\_\_ DATE\_\_\_\_\_ SEQ#\_\_\_\_\_  
TRASH SERVICE: YES / NO # OF CARTS: \_\_\_\_\_