

**CITY OF TRUESDALE**  
**109 Pinckney Street**  
**Truesdale, MO**  
**Phone: 636-456-3166 Fax: 636-456-5357**

**APPLICATION FOR NEW WATER/SEWER/SANITATION SERVICE**

**PHOTO ID REQUIRED**

Date of Application: \_\_\_\_\_ Date Service to start: \_\_\_\_\_

Applicant: \_\_\_\_\_ Driver license # \_\_\_\_\_  
(as it will appear on the water bills) PLEASE PRINT!

Home Phone #: \_\_\_\_\_ cell phone # \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_ Phone# \_\_\_\_\_

Is there someone beside the applicant who can request changes in the service? If so, complete the information:  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

# In Household: \_\_\_\_\_ List names of all those living in household: \_\_\_\_\_

Check one: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ If owner, is this rental property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If renting, please fill in below:

Name of Owner: \_\_\_\_\_ Address of Owner: \_\_\_\_\_  
Phone # of Owner: \_\_\_\_\_

Have you previously had water service in Truesdale? \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of an emergency or the City can't contact me, the City of Truesdale should contact the following person:

Name: \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
(INITIAL) Water will be turned on the date service is to start as noted on this application. Applicant is responsible for either being at the structure when services is turned on, or have ensured themselves that all water sources are off in the structure. I understand there is a minimum billing from the date water service is started even if there is no usage registered on the meter. I have been informed of the City's ordinance concerning the water bill, when it is due, date penalty is added, disconnection date and service fees.

\_\_\_\_\_  
(INITIAL) Final Bill information: I will notify City Hall when I move. Once, the final reading is taken and the final bill has been completed, any payment due will be taken from my security deposit, and any balance remaining will be refunded to me. The City requires a minimum of 24 hours before the refund can be issued. It is my responsibility to provide a forwarding address to the Truesdale Water Department.

\_\_\_\_\_  
(INITIAL) I stated that I have received the "Welcome Letter" from the City Hall, which includes information on the animal leash law, the requirement of City tags for all dogs and cats, the requirement of obtaining a building permit prior to any construction, and other important information.

By the signing of my name below, I acknowledge the initialing of the three statements above and that the information on the application is correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**For office use only:**

Meter Number: \_\_\_\_\_ Start Meter Reading: \_\_\_\_\_

Date of Deposit: \_\_\_\_\_ Method of Payment \_\_\_\_\_

Deposit Receipt Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

\_\_\_\_\_ Business \_\_\_\_\_ Residential

Water \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Service: \_\_\_\_\_

Sewer: \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Service: \_\_\_\_\_

Sanitation service \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Service: \_\_\_\_\_

Comments/Additional Information: