



New Account Application

Public Water Supply District #4, Platte County, MO

229 Marshall Rd, Platte City, MO 64079

Phone-816-858-2782 Fax-816-858-3960

Website-www.platte4.com

Water Account Deposit is \$100

WATER ACCOUNT INFORMATION

Account name/names: _____

Account # (completed by staff) _____

Service start date _____

Service address _____

Email address _____

Mailing address _____

Email bill or paper bill _____

Phone # _____

Last 4 digits of SSN _____

Landlord if applicable _____

I, the undersigned account holder, hereby authorize Platte 4 to use the above information to establish water service in my name. I understand that I will be billed monthly for the amount of water consumption shown on the service address meter. I understand that payment on my account is due on the 20th of each month and that if not paid, a 5% late fee will be applied as well as service disconnection and reconnection fees if applicable. I verify that I am wholly responsible for any and all charges associated on this account and that adverse credit information may be reported.

Print Name _____

Signature _____

Date _____

Internal use only:

Date received: _____

Processed by: _____