

Application for Utility Service
City of Forsyth

Name of Applicant _____

Phone Number _____ Email _____

_____ I am willing to receive emergency text or email notification from the City. I understand that regular messaging or data rates may apply.

Driver's License _____ Social Security No/FEIN _____

Date of Birth _____ Employer _____

Mailing Address _____ Rent? _____
For billing _____
Landlord's Name _____

Landlord's Phone _____

Physical Address of Service Location _____

Service Start Date _____

I agree to pay all charges for water, sewer, and/or trash services at the above location. When I move, I will notify the City of Forsyth promptly to discontinue service in my name and will submit a new mailing address.

Applicant
Signature _____ Date _____

Office Use Only:

Type of Use: _____ Your residence _____ Vacation Home _____ Long-term Rental
_____ Business _____ Irrigation Meter _____ Other

Tax Exempt? _____ MO Tax ID _____

Acct # _____ Setup Completed by _____ Date _____ Services _____

Deposit Amount _____ Receipt # _____ Date _____ Cash/Check/Money Order # _____