

HERCULANEUM WATER DEPARTMENT
#1 Parkwood Court, Herculaneum, MO 63048
Phone: 636-475-4447 / Fax: 636-475-6191

RESIDENTIAL WATER SERVICE

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Name of Applicant _____
Last First Middle

Address of Service _____
Number Street

Applicant is: Renting _____ Buying _____

If renting, name, address and phone # of owner: _____

SS# of Applicant _____ Contact Phone # _____

Contact in case of emergency, Name & Phone # _____

Applicant's place of employment _____

Address _____ Phone # _____

*

Co-Applicant _____
Last First Middle

SS# _____ Place of Employment _____
Address _____
Phone # _____

*

Mailing address (If different from service address) _____

Water Service Agreement

The below named applicant/applicants do hereby agree to the following terms upon signature of this agreement:

1. A _____ deposit is to be paid to the City of Herculaneum Water Department before service is turned on.
2. Applicant/applicants listed above will be responsible for all charges for usage, penalties, interest and any reconnection charges for said address for the period service is in applicant/applicant's name.
3. By signing this agreement, applicant/applicants do hereby acknowledge that they are responsible for all charges.
4. Applicant/applicants do acknowledge that when service becomes thirty (30) days delinquent, service will be discontinued until service is paid in full and a \$10.00 reconnection fee is paid.

_____ Applicant

_____ Co-applicant
I/We hereby agree to terms listed above

Date _____

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Water service executed this _____ day of _____, 20____

By: Kim Whaley, Water Clerk

Deposit Amount _____ Cash _____ Check # _____ Card # _____

Account # _____

Book & Sequence # _____