

REQUEST FOR BULK WATER

CITY OF GERALD

City Hall
106 E. Fitzgerald Ave.
P.O. Box 59
Gerald, MO 63037
573-764-3340



Date of Application: _____	Rec. By: _____
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Date Paid _____
TOTAL PAID: _____	

Please Fill Out & Include All Required Information

COMAPNY INFORMATION

APPLICANT COMPANY:	
COMPANY PHONE:	COMPANY CONTACT:
COMPANY EMAIL:	
COMPANY MAILING ADDRESS:	
Street: _____ City: _____ State: _____ Zip: _____	

PERSONAL INFORMATION

APPLICANT NAME:	DATE:
APPLICANT PHONE:	
APPLICANTS MAILING ADDRESS:	
Street: _____ City: _____ State: _____ Zip: _____	

COPY OF DRIVERS LICENSE OR IDENTIFICATION IS REQUIRED.

BULK WATER INFORMATION

FORMULA FOR BULK WATER BILLING

WATER RATE (\$0.003) x GALLONS USED + WATER BASE RATE (\$12.25) = TOTAL

\$0.003 x _____ + \$12.25 = _____

Cash, Card, and Check are accepted. Checks can be made out to City of Gerald.

GALLONS USED:	FILLED BY PWS:
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SIGNATURE

APPLICANT understands and agrees that all information above is correct. APPLICANT must make payment at City Hall and receive a receipt as notification of payment.

_____ Signature of Applicant	_____ Print Name	_____ Date
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