

CITY OF GERALD



106 E. Fitzgerald
PO Box 59
Gerald, MO 63037-0059

Email: geraldch@fidnet.com
TEL: (573)764-3340
FAX: (573)764-2987

WATER/SEWER/TRASH SERVICE CONNECTION

IF TENANT/LEASEE IS APPLYING FOR SERVICE SECURITY DEPOSIT OF \$100.00 IS REQUIRED.
(Deposit will be applied towards final bill upon termination of account.)

Today's Date: _____ Date Service to Begin: _____

Service Location: _____ Unit/Apt#: _____

Billing/Mailing Address: _____

Please Circle One: Renting/Leasing/Home Owner (if modular/trailer deposit required)
Applicant(s) Name: _____

Last 4 #'s of S.S.N: _____ D.O.B. _____

Phone#: _____ E-Mail: _____

Applicant hereby acknowledges responsibility for all water/sewer/trash service rendered by the City of Gerald until notification is received from the consumer to discontinue service, or until the City of Gerald discontinues service. The applicant agrees to pay all costs of collection, including collection agency fees and/or attorney fees, court costs and other expenses incurred in the collection of any delinquent debt.

APPLICANT'S SIGNATURE

ADDITIONAL APPLICANT'S SIGNATURE (if applicable)



WATER/SEWER/TRASH SERVICE/ DISCONNECTION

Applicant(s) Name: _____

Current/Previous Service Location: _____

Today's Date: _____ Disconnect date: _____

New/Forwarding Mailing Address: _____

APPLICANT'S SIGNATURE

ADDITIONAL APPLICANT'S SIGNATURE (if applicable)



FOR OFFICE USE ONLY

Clerk Signature: _____ Date: _____ Time Rcvd: _____

Date Established in System: _____ Date Disconnected in System: _____

Security Deposit: \$ _____ Meter# _____ Bk: _____ Seq: _____ Acct#: _____

Meter Reading: _____ Date Inspection Completed: _____