

CITY OF HALLSVILLE  
APPLICATION FOR WATER & TRASH SERVICE OR TRASH SERVICE

202 Hwy 124-E. • P.O. Box 170 • Hallsville, Mo. 65255 • Phone: (573) 696-3885 • Fax: (573) 696-0605 • Open Monday-Friday 8:00 - 12:00 and 1:00 - 5:00

**APPLICANT NAME:** \_\_\_\_\_ SS# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

Do you want to receive City news and alerts by email? Yes \_\_\_ No \_\_\_ By text message? Yes \_\_\_ No \_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_ SS# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

Do you want to receive City news and alerts by email? Yes \_\_\_ No \_\_\_ By text message? Yes \_\_\_ No \_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

STREET CITY STATE ZIP

NUMBER OF PEOPLE LIVING IN RESIDENCE \_\_\_\_\_

The undersigned does hereby make application to the City of Hallsville for water, and/or sewer, and trash service to be furnished at the following

Address: \_\_\_\_\_

Effective date: \_\_\_\_\_.

**If you are renting from a landlord required information:**

Name of landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

The undersigned does hereby agree to abide by and accept all the provisions of Hallsville's water and trash services and facilities. I understand that a non-refundable set-up fee in the amount of \$25.00 must be paid to the City with this application. I further understand that this fee is separate and distinct from the water and/or trash deposit I am required to post with the City of Hallsville.

I understand that a \$150.00 water and trash deposit or a \$75.00 trash deposit also be paid to the City with this application. This deposit shall be retained by the City to ensure payment of my water and/or trash bills. If the utility bills are paid on time for a period of two years, then the deposit will be refunded. Your deposit will also be returned after you have moved from the property, contacted City Hall concerning your move and given them a forwarding address. Once you have requested a turn off due to your move and your last bill has been processed, your final bill will be taken from the deposit and the difference will be forwarded to your new address. If the deposit does not cover your last bill, you will be sent a final bill to your address. I acknowledge receipt of a signed copy of this application.

**Each new consumer of the City's water distribution system or trash service who signs up for automatic withdrawal through the City of Hallsville shall receive a reduced deposit of \$90.00 for their water deposit or \$45.00 for their trash deposit.** If the consumer ends their automatic withdrawal through the City, the remainder of the deposit, (\$60.00 for water and \$30.00 for trash), will be due on their next billing cycle.

Bills are due by the 10<sup>th</sup> of each month and a late fee will be assessed on the 11<sup>th</sup>. Accounts not paid by the 20<sup>th</sup> will be assessed a \$35.00 non-payment fee and service will be subject to disconnection. If you would like automatic withdrawal to pay your utilities, please request ACH application. **COPY OF DRIVER LICENSE NEEDED.**

\_\_\_\_\_  
Applicant Date

<b>OFFICE STAFF FILL IN BELOW:</b>	
DEPOSIT \$:           Cash,   Check,   Debit/Credit	START DATE:   /   /
Account #	Staff Initials: