

CITY OF HALLSVILLE
APPLICATION FOR TRASH, WATER, &/OR SEWER 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, sewer, 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 sewer deposit I am required to post with the City of Hallsville.

I understand that a \$150.00 water and/or sewer deposit also be paid to the City with this application. This deposit shall be retained by the City to ensure payment of my trash, water and/or sewer 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.

Bills are due by the 10th of each month and a late fee will be assessed on the 11th. Accounts not paid by the 20th 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

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