

**Public Water Supply Dist. #2 of Clay County, MO
8600 Kail Road
Pleasant Valley, MO 64068
816-781-1454 - Office
816-781-1928 - Fax**

WATER SERVICE APPLICATION

*******A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED*******

Please include first and last names of all parties that are to be listed on the account and have rights to make inquiries on the account. **A DRIVER'S LICENSE COPY IS REQUIRED FOR EACH PERSON LISTED ON THE ACCOUNT.**

Service Address: _____ Start Date: _____

Mailing Address (if different from service address): _____

Primary Account Holder:

Name: _____ SSN#: _____

Date of Birth: _____ DL State & #: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Receipt #: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Spouse/Roommate (if applicable)

Name: _____ SSN#: _____

Date of Birth: _____ DL State & #: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Are you owner or renter? Owner Renter

If renter, please provide landlord's name: _____

Landlord's Address: _____

Landlord's Phone: _____

Would you like to have your bill automatically paid (ACH)?

Yes (see attached) No

WATER USAGE DECLARATION

Domestic _____ Non Domestic _____

It is understood that "domestic use" means that portion of the metered service used by the undersigned for nonbusiness, noncommercial or nonindustrial purposes and that "business" includes and activity engaged in by any person, or caused to be engaged in by him, with the object of gain benefit or advantage, either direct or indirect, all as more fully set forth in Sections 144.010 to 144.510 Revised Statutes of Missouri, 1969, as amended.

Upon the execution of this Application for Water Service, the applicant or their duly authorized agent, acting on behalf of said applicant, hereby agrees to abide by all rules and regulations as now exist and are adopted or modified by the Board of Directors of Public Water Supply District #2 of Clay County, Missouri.

Signature of Primary Account Holder: _____

Signature of Spouse/Roommate (if applicable): _____

Utilities:

| | | |
|------------------------|--------------------------------------|-------------------------------------|
| Electric – | <u>Kansas City Power & Light</u> | <u>816-471-5275</u> |
| Gas - | <u>Spire</u> | <u>816-756-5252</u> |
| Trash Services- | <u>Allied Services- dba BFI</u> | <u>816-254-1470</u> |
| | <u>Blacksher -</u> | <u>816-630-6029</u> |
| | <u>Deffenbaugh -</u> | <u>913-631-3300</u> |
| | <u>Ted's Trash Service</u> | <u>816-252-1594</u> |
| | <u>Jim's Disposal Service</u> | <u>816-221-1932</u> |
| | <u>Republic Services – Glenaire</u> | <u>816-521-3117 – Nancy Summers</u> |