

PUBLIC WATER SUPPLY DIST. #2 OF CLAY COUNTY, MO

8600 Kaill Road
Pleasant Valley, MO 64068
info@pwsd2clayco.com
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 (weekdays only): _____

Mailing Address (if different from service address): _____

PRIMARY ACCOUNT HOLDER:

Name: _____ SSN#: _____

Date of Birth: _____ DL State & #: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

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, renter, or Landlord? _____ Owner _____ Renter _____ Landlord

If renter, please provide landlord's name: _____

Landlord's Address: _____

Landlord's Phone: _____

Would you like to have your bill automatically paid on the 15th of every month from your Checking Account (ACH)?

Yes _____ (You will Need to provide Bank account info) No _____

How do you like to Receive bills: Emailed _____ Printed _____ Both _____

Deposit: _____ Receipt #: _____

WATER USAGE DECLARATION & AGREEMENT

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 RSMo. 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: _____ Date _____

Signature of Spouse/Roommate (if applicable): _____ Date _____

Utilities:

Electric: Evergy 888-471-5275

Gas: Spire 800-582-1234

Trash Services: Allied Services (dba BFI) 816-750-4277

Blacksher 816-891-0861

Deffenbaugh 913-631-3300

Ted's Trash Service 816-252-1594

Jim's Disposal Service 816-221-1932

Republic Services (Glenaire) 816-254-1470