

REQUEST FOR SERVICE WATER ♦ SEWER ♦ TRASH

CITY OF MARTHASVILLE
402 EAST MAIN STREET
MARTHASVILLE, MO 63357
PHONE (636)433-5554 ~ FAX (636) 433-2283

DATE OF DEPOSIT _____ RECEIPT No. _____

AMOUNT PAID _____ PMT METHOD/No. _____

PRIMARY NAME _____

SOCIAL SECURITY No. _____ DATE OF BIRTH _____

SECONDARY NAME _____

SOCIAL SECURITY No. _____ DATE OF BIRTH _____

OWN RENT - LANDLORD _____

SERVICE ADDRESS _____

BILLING ADDRESS (if different than service) _____

HOME PHONE _____ CELL PHONE _____

DATE TO BEGIN SERVICE _____

A 10% penalty will be assessed for all payments made after the 20th of each month. If service is shut off for delinquency, the full unpaid balance plus a \$60.00 reconnect fee must be paid to restore service. If my account is closed and not paid, I am responsible for any fees that are charged for collection of my unpaid debt. I have read and understand the terms for which water, sewer and trash service will be billed to my account, and that all of the above information is correct. I further understand that the City may revise my rates at any time.

Signature _____ DATE _____

FOR OFFICE USE ONLY

SERVICE ID NUMBER _____ BEGIN TRASH SERVICE _____

SENIOR DISCOUNT _____

BEGINNING METER READING _____ RECYCLE CART NO. _____

DATE TURNED ON _____ CART DROPPED OFF _____

DEPOSIT PAID

WATER _____

SEWER _____

TRASH _____

RECYCLE CART _____