

**Public Water Supply District #12**  
Cass/Bates Counties, MO

215 N. 2<sup>nd</sup> St.  
PO Box 215  
Drexel, MO 64742

Telephone (816) 657-4706  
Fax # (816) 657-3403

New Service Application

All Information Must Be Completed Before Service Can Begin

Owner \_\_\_\_\_(x) Renter \_\_\_\_\_(x)

Billing Name \_\_\_\_\_ Co-Owner \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Owner Birthdate \_\_\_\_\_ Co-Owner Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Co-Owner Soc. Sec # \_\_\_\_\_

Billing Name Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Co-Owner Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For Emergencies:

Nearest Relative \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Use Only

Account # \_\_\_\_\_

Owner-New Meter Purchased \$ \_\_\_\_\_ Date \_\_\_\_\_

Transfer of Ownership Date \_\_\_\_\_

Owner-Deposit \$ \_\_\_\_\_ Renter-Deposit \$ \_\_\_\_\_ Date \_\_\_\_\_

