

For Office Use  
Only:  
Account Number

**Water User Agreement**  
**City of Savannah**  
402 Court, Savannah, MO 64485  
Phone: 816.324.3315 Fax: 816.324.5997

Date of Application: \_\_\_\_\_ Date Service Effective: \_\_\_\_\_

**Applicant-**

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Spouse/Co-Applicant-**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

# in Household: \_\_\_\_\_ List names of all those living in the household: \_\_\_\_\_

Check One: \_\_\_\_\_ Rent \_\_\_\_\_ Own If owner, is this a rental property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If renting, please fill in below:

Name of Owner: \_\_\_\_\_ Phone # of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Have you previously had water service in Savannah? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_(INITIAL) If this account becomes delinquent, I/We agree to be responsible for all collection fees and/or attorney fees, plus any court costs incurred, with the collection of this account.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Receipt of \$ \_\_\_\_\_ for deposit (please circle one) Cash Check Credit or Debit Card

Applicant ID: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration: \_\_\_\_\_

Co-App ID: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration: \_\_\_\_\_