

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: _____