

COMMERCIAL APPLICATION FOR WATER/SEWER SERVICES

STE. GENEVIEVE MUNICIPAL WATER AND SEWER DEPARTMENT
165 SOUTH 4TH STREET – STE. GENEVIEVE, MO 63670

BUSINESS NAME: _____

CONTACT PERSON: _____

FEDERAL TAX ID NO: _____

EMAIL: _____

*** Email to be used for any communication by city staff. ***

PROPERTY ADDRESS: _____

BILL TO ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NO: _____

NO. OF EMPLOYEES: _____

NAME OF PROPERTY OWNER: _____

ON WHAT DATE IS WATER/SEWER SERVICE TO BEGIN? _____

HAVE YOU PREVIOUSLY BEEN A CUSTOMER OF THE STE. GENEVIEVE MUNICIPAL WATER OR SEWER DEPARTMENT?

() YES IF YES, PLEASE INDICATE THE APPROXIMATE DATES OF SERVICE.

() NO FROM _____ TO _____
MONTH YR. MONTH YR.

APPLICANT'S CERTIFICATION

I certify that all information contained in this application for water /sewer services is true and accurate to the best of my knowledge and belief. I understand and acknowledge that the use of a fictitious name or the use of any other inaccurate information on this form shall be grounds for the denial and/or termination of utility service by the City of Ste. Genevieve.

APPLICANT'S SIGNATURE: _____ DATE _____

TITLE: _____

**** PLEASE SUBMIT APPROPRIATE DEPOSIT WITH APPLICATION****

DEPOSIT REQUIREMENTS

UP TO 10 EMPLOYEES \$100.00

MORE THAN 10 EMPLOYEES \$200.00

Please read and initial the following statements regarding past due amounts and disconnections:

_____ **PAST DUE AMOUNTS** are payable immediately to avoid disconnection of services.

_____ Payments for Current Balance are payable by the 15th of the month and if payment is not received by the 15th, a 15% penalty will apply.

_____ **FULL** payments must be **received** by the close of business on the last day of each month to avoid disconnection.

_____ **DISCONNECTION NOTICES WILL NOT BE SENT OUT.**

_____ **ADDITIONAL SERVICE FEES:**

\$40.00 Dis-Reconnect Fee 8:00 – 3:00 pm

Additional security deposits may apply per current City of Ste. Genevieve policy.

_____ **DEPOSITS:** Any deposit on file with the City Water Department will transfer to the new address, if moving within the city limits of Ste. Genevieve, otherwise, the deposit will be applied to the final bill and any refund (if any) will be mailed to the forwarding address provided when the service account is closed.

APPLICANT SIGNATURE _____ DATE _____

TITLE: _____

FOR OFFICE USE ONLY

_____ Occupancy Permit Issued (Permit # _____) _____ Occupancy Fee Paid _____ Deposit Paid

_____ Previous Unpaid Balance? YES NO If yes, was balance paid? _____