

# APPLICATION FOR WATER/SEWER SERVICES

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

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S DRIVER'S LICENSE NO. \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY NO. \_\_\_\_\_

APPLICANT'S DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S MAIDEN NAME : \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMERGENCY TELEPHONE NO. \_\_\_\_\_

NO. OF PERSONS IN YOUR HOUSEHOLD: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

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.

ON WHAT DATE IS WATER/SEWER SERVICE TO BEGIN? \_\_\_\_\_

## 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 \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\* PLEASE SUBMIT A COPY OF DRIVERS LICENSE AND APPROPRIATE DEPOSIT WITH APPLICATION\*\***

## **DEPOSIT REQUIREMENTS**

RESIDENTIAL                      \$100.00

COMMERICAL                      \$100.00

INDUSTRIAL                      CONTACT CITY HALL AT 573-883-5400