



## Water/Sewer Service Agreement for Landlords

Instructions: TYPE OR PRINT CLEARLY, USE BLACK OR BLUE INK –NO PENCIL

The applicant must fill out all pertinent sections. Please read all conditions on this agreement before signing. If not applicable please write N/A (do not leave blank). When filling out addresses, please include St, Ave., Rd., Dr., etc.

Completed and signed service agreements can be faxed with a copy of your valid driver's license to the Utility Billing Division at 816-847-6209. Service agreement and deposit must be received 24 hours prior to service activation.

**SERVICE START DATE:** \_\_\_\_\_

### CONTACT INFORMATION

**Name of Landlord/Leasing Company:** \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #/Fed Tax ID #: \_\_\_\_\_

Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_ Office #: \_\_\_\_\_

Email: \_\_\_\_\_

**Service Address(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### ACCOUNT HOLDER:

I agree that I have applied for utility services provided by the City of Grain Valley, Missouri, and I am responsible for any and all amounts billed to me by the City of Grain Valley, Missouri. I agree if the City should have to turn over to collections or file suit for any past due water bills, that I will be responsible for all collection fees, attorney fees and court costs, including filing fees

I hereby certify that I have read and examined this agreement and know the same to be true and correct. All provisions of laws and ordinances governing service will be complied with.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

**Account Number:** \_\_\_\_\_

### DEPOSIT AMOUNT:

**Residential \$50.00:** \_\_\_\_\_ **Commercial \$100.00:** \_\_\_\_\_