

# SERVICE AGREEMENT FOR WATER/SEWER SERVICES



LIFE OUTSIDE THE LINES

Please complete & return to:  
City of Grain Valley  
711 Main St, Grain Valley, MO 64029  
Fax: 816.847.6209  
Email: [water@cityofgrainvalley.org](mailto:water@cityofgrainvalley.org)  
**Service Agreement and Deposit must be received at least 24 hours prior to service activation.**

Service Start Date: \_\_\_\_\_  
(Monday-Friday only)

Applicant Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(If different)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(Copy of DL is required)

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

Co-Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Renting \_\_\_\_\_ Name of Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Buying \_\_\_\_\_

*Proof of residence at your new address may be required, such as lease/rental agreement or mortgage/proof of homeownership*

How would you like to receive your monthly statement?  
Paper Statement \_\_\_\_\_ Email Statement \_\_\_\_\_ Both \_\_\_\_\_

*By signing this form, I agree that I have applied for utility services provided by the City of Grain Valley, and I am responsible for all amounts billed to me by the City of Grain Valley.*

*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 compiled with.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Office Use Only\*\***

Account #: \_\_\_\_\_

Deposit Amount: Homeowner \$50.00 \_\_\_\_\_ Renter \$100.00 \_\_\_\_\_ Commercial \$100.00 \_\_\_\_\_

Transferring From: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_