

SERVICE AGREEMENT FOR WATER/SEWER SERVICES For Landlords



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
*Service Agreement and Deposit must be received
at least 24 hours prior to service activation.*

Service Start Date: _____
(Monday-Friday only)

Name of Landlord/Leasing Company: _____

Contact Name(s): _____

Date of Birth: _____ Social Security # or Fed Tax ID #: _____

Driver's License #: _____
(Copy of DL is required)

Contact #: _____ Alternate #: _____ Office #: _____

Email Address: _____

Billing Address: _____ City, State, Zip _____

Service Addresses:

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: Residential \$50.00 _____ Commercial \$100.00 _____