110 W. Maddux Ste 200; Branson, MO 65616
Phone 417-337-8529 Fax 417-335-6042

CITY OF BRANSON
WATER & SEWER SERVICE
RESIDENTIAL APPLICATION

FOR OFFICE USE ONLY

CUSTOMER ID_____ **DEPOSIT AMOUNT $**_____

LOCATION ID_____ **CASH / CC / MO / CHECK#**_____

TRANSFER DEPOSIT FROM ACCT# _____ -- _____

PREVIOUS CUSTOMER_____

INITIAL READING_____ **IRRIGATION INITIAL READING**_____

Customer Information

(PLEASE PRINT)

DATE OF SERVICE_____

CUSTOMER NAME_____SOCIAL SECURITY _____

SERVICE ADDRESS_____ DATE OF BIRTH_____

MAILING ADDRESS_____PHONE #_____

CITY, STATE, ZIP CODE_____

We must have the following information completed in full. Please check the appropriate blank.
Thank you.

1. ARE YOU THE OWNER_____ RENTER_____
2. IS THE SERVICE AT THE LOCATION FOR:

   _____YOUR HOME _____VACATION HOME _____LONG-TERM RENTAL _____WKLY/MNTHLY RENTAL

   _____BUSINESS LOCATION _____IRRIGATION METER _____OTHER (EXPLAIN)
3. IF YOU ARE THE RENTER, PLEASE LIST THE OWNER'S NAME.

   _____

_____ _____
Signature Date

I do hereby agree to pay all charges for water and/or sewer service at the above location as long as said service remains in my name. At which time I move out, I will notify the City of Branson to discontinue service in my name and will submit a new mailing address at that time.

PLEASE COMPLETE AND RETURN FOR OUR BILLING RECORDS.
THANK YOU!