



# New Account Application

## Public Water Supply District #4, Platte County, MO

229 Marshall Rd, Platte City, MO 64079

Phone-816-858-2782 Fax-816-858-3960

Website-www.platte4.com

**Water Account Deposit is \$100**

### WATER ACCOUNT INFORMATION

Account name/names: \_\_\_\_\_

Account # (completed by staff) \_\_\_\_\_

Service start date \_\_\_\_\_

Service address \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address \_\_\_\_\_

Email bill or paper bill \_\_\_\_\_

Phone # \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_

Landlord if applicable \_\_\_\_\_

I, the undersigned account holder, hereby authorize Platte 4 to use the above information to establish water service in my name. I understand that I will be billed monthly for the amount of water consumption shown on the service address meter. I understand that payment on my account is due on the 20<sup>th</sup> of each month and that if not paid, a 5% late fee will be applied as well as service disconnection and reconnection fees if applicable. I verify that I am wholly responsible for any and all charges associated on this account and that adverse credit information may be reported.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Internal use only:

Date received: \_\_\_\_\_

Processed by: \_\_\_\_\_