



**CITY OF BRANSON
SEWER SERVICE
RESIDENTIAL APPLICATION**
(PLEASE PRINT)

FOR OFFICE USE ONLY

CUSTOMER ID _____

LOCATION ID _____

INITIAL READING _____

STARTING DATE OF SERVICE _____

NAME _____

SOCIAL SECURITY _____

SERVICE ADDRESS _____

DATE OF BIRTH _____

PHONE # _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

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 ☐ RENTAL RESIDENCE

☐ BUSINESS ☐ OTHER (EXPLAIN)

3. IF YOU ARE THE RENTER, PLEASE LIST THE OWNER'S NAME.

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. If I fail to inform the City of Branson, I will continue to pay any charges until City of Branson has been contacted.

Signature

Date

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

**CITY OF BRANSON UTILITIES
110 W MADDUX ST, STE 200
BRANSON MO 65616
PHONE: 417-337-8529
FAX: 417-335-6042**