

CUSTOMER MASTER FILE FORM

PWSD #1 of Lincoln County
3451 South Highway W
Winfield, MO 63389
(636) 528-8919

Account Number _____

******* A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED *******

PLEASE INCLUDE FIRST AND LAST NAMES OF ALL PARTIES THAT ARE TO BE LISTED ON THE ACCOUNT AND HAVE RIGHTS TO MAKE INQUIRIES ON THE ACCOUNT. A DRIVER'S LICENSE COPY IS REQUIRED FOR EACH PERSON LISTED ON THE ACCOUNT.

NAME (PARTY #1) LAST _____ FIRST _____
NAME (PARTY #2) LAST _____ FIRST _____
SOCIAL SECURITY # (PARTY #1) _____ DATE OF BIRTH _____
SOCIAL SECURITY # (PARTY #2) _____ DATE OF BIRTH _____
EMPLOYER (PARTY #1) _____ EMPLOYER PHONE # _____
EMPLOYER (PARTY #2) _____ EMPLOYER PHONE # _____

BUSINESS NAME _____
TAX ID # (IF A BUSINESS) _____

SERVICE ADDRESS _____
CITY, STATE, ZIP _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
HOME (OR BUSINESS) PHONE _____ CELL PHONE NUMBER _____ OK TO TEXT? _____
OWN _____ RENT _____ LANDLORD NAME _____ LANDLORD PHONE _____
LANDLORD ADDRESS _____

SERVICE START DATE REQUESTED _____ 9:00 AM OR 1:00 PM

THE METER WILL BE LEFT ON IF NO LEAK IS DETECTED. THE CUSTOMER WILL ASSUME RESPONSIBILITY FOR ALL WATER USED ONCE THE METER IS TURNED ON. YES/NO

THE HOME HAS A WORKING SHUT OFF VALVE AND I KNOW WHERE IT IS LOCATED. YES/NO

DOES THE HOME HAVE A SPRINKLER SYSTEM IN THE YARD? YES/NO

I HAVE RECEIVED AN ABBREVIATED VERSION OF THE RULES AND REGULATIONS. I UNDERSTAND A COMPLETE COPY CAN BE FOUND AT www.lincolncountywater.com. I ALSO UNDERSTAND I MAY RECEIVE AUTOMATED COURTESY CALLS SHOULD MY BILL BECOME DELINQUENT.

SIGNATURE (PARTY #1) _____ DATE _____
SIGNATURE (PARTY #2) _____ IS INFORMATION CONFIDENTIAL? YES/NO

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

ACCOUNT NUMBER _____

CASH _____ CHECK _____ CHARGE _____ TRANSFER FROM _____

Water Deposit _____ Water Tap _____
Other Water _____

Sewer Deposit _____ Sewer Tap _____
Sewer Pump _____ Other Sewer _____

START DATE _____ MEET TIME _____

Contractor _____ Phone _____