

SIGNATURE OF SECONDARY APPLICANT

City of Diamond 102 E. Market St. / PO Box 8 Diamond, MO 64840 collector@diamondmo.com P: 417-325-4220 F: 417-325-4230

DATE

Primary applicant:			□Owr	Owner Tenant Resident Commercial			APPLICATION TYPE
Applicant mailing address:			Email	Email address:			Water Service Sewer Service
			Phone	number:			Trash Service Account Transfer
Social Security		Date		Drive	Driver's lic.		☐ Water Tap
Number:		of birth:		numl	number:		Sewer Tap
Secondary		Phone		Emai	Email		Road Cut
60 10 10 10 10 10 10 10 10 10 10 10 10 10		Number:		addre	address:		
Social Security Number:		Date of birth:		Driver's lic. number:			MONTHLY PAYMENT METHOD
Service address:			Proper	rty owner:	•		Check/Cash Auto-Draft
			Phone	number:	Ĵg ,		FEES DUE
FOR AUTO-DRAFT ONLY							Deposit
Fin. Institution name:	Branch location:		Routing #:	Savings		Checking Savings	Service
INITIAL HEREI h credit entries and adjustme same to such account.							TOTAL
same to such account.							ACCL #
			INIT	TAL BELOW			
receive a bill does not entitle	delayed payme	ent. There will	off a \$25 reconnect for be a \$25.00 charge for	ee will be assessed	and the bill must be pa	d in full before s	offs will occur on or about the 21 service can be restored. Failure to ges until applicant has requested
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receive a bill does not entitle service to be terminated in his, I understand and here policies will result in disconnect portion upon submittal of repacosts; (5) no one living in my labackflow prevention assembly apply fully for any and all success water Services Base Rate Per 1,000 gallons Sewer Services Base Rate Per 1,000 gallons First Poly-Cart Resides Senior Poly-Cart Rate (Commercial Rate Each Additional	e delayed payme /her name. eby agree: (1) fal ction; (3) all wate air receipt & veri household has a r (see ordinance essive addresses e Trash S ntial Rate (55 & Over) ate Cart	Isification of an er going throug ification; (4) fain outstanding for further info for which appliant in the service	be a \$25.00 charge for a y of information may help the meter is the customation of the meter is the customation; (7) deposition of the contract transfers to with transfers to with the state of the contract of the contr	ee will be assessed or all returned che result in disconne stomer's responsibilities (6) in accordance refunded after so in district. VICE RATES Homeo Renter	and the bill must be packs. Applicant is responsition of service without lity—any leaks that are usion to collections — I will be with Ordinance 385 a settlement of the final bill bill bill bill bill bill bill bi	d in full before s sible for all char notice; (2) failur epaired may be Il be responsible Il service lines al I; and (8) all qua	rervice can be restored. Failure to result applicant has requested to pay in accordance with City' given a cost adjustment for sewer for all late charges and collection rerequired to install an approved lifications and agreements hereto \$34.50 \$5.75 \$Commercial \$28.00 \$7.30 \$7.30

PRINT NAME

OFFICE USE ONLY: METER LOCATION: ROUTE NUMBER: SERVICE TYPE: SPECIAL SERVICES (WORK ORDER REQUIRED): COMMERICAL **SEWER TAP** STREET CUT - FULL RESIDENTIAL WATER TAP STREET CUT - HALF **CONNECT DATE: COMPLETED BY: DISCONNECT DATE: COMPLETED BY: BEGINNING METER READING: ENDING METER READING:** AMOUNT OF DEPOSIT ON FILE: \$ DATE OF DEPOSIT: **DEPOSIT RECEIPT NO.: DEPOSIT PAYMENT TYPE:** FINAL BILL POSTED: FINAL BILL AMOUNT: DEPOSIT AMOUNT APPLIED TO ACCOUNT: \$ DATE: **CHECK NUMBER:** DEPOSIT REFUND TO CUSTOMER: \$ DATE: **CHECK NUMBER:**