PUBLIC WATER SUPPLY DISTRICT NO. 6 OF CLAY COUNTY

PO BOX 227

1061 COUCHMAN DRIVE KEARNEY, MO 64060-0227

(816) 628-3220 OFFICE • (816) 628-3229 FAX

APPLICATION FOR NEW METER SET

DATE:	ACCOUNT NO: (For Office Use Only)			
Are you the Contractor purchasing	the New Meter Set	or are you the C)wner o	f Property?
Contractor				. r roporty .
	•	,		
Contractor Section to Comple	<u>***</u> :	* <u>A COPY OF D</u>	RIVER	S LICENSE IS REQUIRED***
BILLING NAME:				
BILLING ADDRESS:				
CITY, STATE, ZIP:				
CITY, STATE, ZIP:PHONE:		CELL:		
CONTACT PERSON:				
BUILDER:				
SUBDIVISION:		LOT:		
LOT ADDRESS:				
CITY, STATE ZIP:				
WILL THIS LOCATION HAVE AN	IRRIGATION SYST	EM IN PLACE?	YES_	NO
WILL THIS LOCATION HAVE A S				
SIGNATURE				
Owner of Property Section to	Complete: ***CC	PIES OF DRIV	ERS I	ICENSES ARE REQUIRED***
1) NAME: Last	NAMES WILL AL	LSO BE REQUIR	RED.	
Social Security Number		DOB		Phone
1) NAME: Last Social Security Number Employer:			Employ	er Phone
SIGNATURE:				
2) NAME: Last		First		
2) NAME: Last Social Security Number Employer:		DOB		Phone
Employer:			Employ	er Phone
SIGNATURE:				
SERVICE ADDRESS				
CITY, STATE, ZIP				
MAILING ADDRESS (IF DIFFERE	INT THAN ABOVE			
CITY, STATE, ZIP	IDDICATION CYCI	EM IN DI ACEO	VEC	NO.
WILL THIS LOCATION HAVE AN				
NOTE: AT THE TIME THE WATE				
OWNER WILL BE RESPONSIBLE				
THEREAFTER, UNTIL THE ACCO				•
OIL OWNER WILL DE DILLED AT				
METER SIZE:				
TOTAL COST OF METER SET/DI	EPOSIT PAID:		C	CHECK #