



**City of Strafford**  
 126 S. Washington/PO Box 66  
 Strafford, MO 65757  
 (417) 736-2154 Fax (417) 736-2390  
Application for Water/Sewer/Trash Service

Name of Applicant(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone/Cell # \_\_\_\_\_ Add'l Adults in Home \_\_\_\_\_

Physical / Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Contact (Not living with you) Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Your e-mail Address \_\_\_\_\_ SSN: \_\_\_\_\_

Would you like your bill emailed to you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you will not receive a paper bill in the mail

Number in Family \_\_\_\_\_ Outside Dog \_\_\_\_\_ Do you have or plan to have a pool? YES / NO

Do you Own \_\_\_\_\_ Rent \_\_\_\_\_ Do you have an Irrigation System? YES / NO

Landlord Name \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Date of Service Activation \_\_\_\_\_ Preferred Contact Method PHONE / E-MAIL

**DO YOU WANT SOLICITORS** (Door to Door visits:) YES / NO

Trash Service \$16.35 per month Extra Cart \$6.00 per month

Senior Trash Service (65+) \$15.40 per month

Do you want a Recycling Bin? YES / NO

(No Additional Charge)

*Applicant is required to be at home when water/sewer service is turned on. Applicant assumes all responsibility for any open outlets resulting in water loss or damage, resulting in add'l usage fees.*

*Applicant and/or property owner contractually agrees to pay all water charges to the City of Strafford. (Per Ordinance No. 252-94)*

*Applicant and/or property owner hereby agrees to abide by all rules and policies established by the City of Strafford.*

Applicant \_\_\_\_\_ Property Owner \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Water/Sewer Deposit \_\_\_\_\_ / \_\_\_\_\_ Trash Deposit \_\_\_\_\_ Account \_\_\_\_\_

Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ CC/DC \_\_\_\_\_ Receipt \_\_\_\_\_ ID \_\_\_\_\_ (Verified)