



City of Strafford
126 S. Washington/PO Box 66
Strafford, MO 65757
(417) 736-2154 Fax (417) 736-2390

Application for Water/Sewer

BUSINESS

Name of Business _____ EIN# _____

Manager _____ Phone/Cell # _____

Physical Address _____

Mailing Address _____ State _____ Zip Code _____

Business Phone # _____

Do you Own _____ Rent _____

Landlord _____ Phone # _____

E-mail Address _____

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.

*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 _____

Account # _____

Date Paid _____ Cash _____ Check _____ Receipt _____ ID _____ (verified)