

# APPLICATION FOR WATER/SEWER/TRASH SERVICES FOR LANDLORDS

## City of Union, Missouri



Please complete & return to:  
City of Union  
10 E. Locust St., Union, MO 63084  
Fax: 636.583.4091  
Email: [utilityclerk@unionmissouri.gov](mailto:utilityclerk@unionmissouri.gov)  
*Service Agreement and Deposit must be received  
at least 24 hours prior to service activation.*

Service Start Date: \_\_\_\_\_

Name of Landlord/Leasing Company: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social Security # or Fed Tax ID #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_  
(Copy of DL is required)

Contact #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Office #: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Service Addresses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You will receive your monthly statements by email only.

*By signing this form, I agree that I have applied for utility services provided by the City of Union, and I am responsible for all amounts billed to me by the City of Union.  
I hereby certify that I have read and examined this agreement and know the same to be true and correct. All provisions of laws and ordinances governing service will be compiled with.*

\_\_\_\_\_  
Applicant Signature Date

\*\*Office Use Only\*\*

Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

Deposit Amount: Renter \$100.00 \_\_\_\_\_