

# APPLICATION FOR WATER/SEWER/TRASH SERVICES

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

Applicant Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(If different)

Date of Birth: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(Copy of DL is required)

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

Co-Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Renting \_\_\_\_\_ Name of Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Buying \_\_\_\_\_

How would you like to receive your monthly statement?  
Paper Statement \_\_\_\_\_ Email Statement \_\_\_\_\_ Both \_\_\_\_\_

*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 complied with.*

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

**\*\*Office Use Only\*\***

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

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

Transferring From: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_