

Residential or Business Utility Service Application

903 W. Main. St. Blue Springs, MO 64015
water@bluespringsgov.com | 816-622-4444



ESTABLISHING NEW WATER/SEWER SERVICES

In order to establish services with the City of Blue Springs, please complete the following application, and either e-mail it to: water@bluespringsgov.com or if you prefer to do business in person, drop off the completed application at our office at 903 W Main Street. You may also contact us at (816) 622-4444, M-F, 8am-5pm to Establish, End or Transfer services.

TODAY'S DATE _____ OWN RENT

REQUESTED SERVICE DATE _____
(MONDAY – FRIDAY ONLY)

APPLICANT/BUSINESS NAME _____
(First, Middle, Last, Suffix or Business Name)

DOB _____ LAST 4 OF SSN # XXX-XX- _____ DRIVERS LICENSE # _____ STATE _____

SERVICE ADDRESS _____

MAILING ADDRESS, *if different from service location* _____
(Address, Suite #, City, State, ZIP or PO BOX #, City, State, ZIP)

HOME # _____ CELL # _____ EMERGENCY # _____ FAX # _____

WORK PHONE # _____ ext. _____ E-MAIL ADDRESS _____

2nd APPLICANT _____ LAST 4 OF SSN # XXX-XX _____

DRIVERS LICENSE # _____ STATE _____

- Applicants who are not the owner of the property served will be billed a \$100.00 deposit on the first billing statement.

LANDLORD/MGMT CO. _____ OWNER/AGENT NAME _____

TELEPHONE # _____ LANDLORD MAILING INFORMATION _____
(Address, Suite, City, State, ZIP or PO BOX, City, State, ZIP)

BUSINESS OWNERS INFORMATION ONLY

OWNER/MANAGER NAME _____ TAX EXEMPT STATUS *(include Exemption Status Letter)* Y N

BUSINESS LICENSE # *(if applicable)* _____ STATE or FEI # _____

*****FOR OFFICE USE ONLY*****

DEPOSIT BILLED _____ SAME DAY FEE _____ IN-OFFICE PHONE E-MAIL
(Fee requested by customer) *(Request Received through)*

REMARKS _____

METER READING _____ SERVICE COMPLETED DATE _____