



CITY OF BELTON
APPLICATION FOR WATER/SEWER SERVICE
BUSINESS

506 Main St., Belton, MO 64012
(816) 331-4331, Fax (816) 322-4620

Date Service Requested: _____

Business Name: _____

Address: _____ Mailing Address: _____

City / State: _____ City / State: _____

Zip Code: _____ Phone: (____) _____ Zip Code: _____ Phone: (____) _____

Business Owner's Name _____

Social Security Number or Tax ID Number: _____

Contact Person and Phone Number: _____

Name & Address of Reference:

Name: _____

Address: _____ Phone: (____) _____

City / State: _____ Zip Code: _____

Rent: _____ Own: _____

Name & Address of Landlord (if rental):

Name: _____

Address: _____ Phone: (____) _____

City / State: _____ Zip Code: _____

With my signature, I acknowledge that I am responsible for paying for all charges based on current billing rates.

Customer Signature

City of Belton Representative

Date

Account Number

