

DATE RECEIVED _____
OFFICE USE ONLY

DATE ENTERED _____
OFFICE USE ONLY

ACCOUNT # _____
OFFICE USE ONLY

CUSTOMER MASTER FILE FORM

PWSD #2 OF ST. CHARLES COUNTY

MAILING ADDRESS:
100 WATER DR
OFALLON, MO 63368
(636)561-3737

ECM WATER & SEWER AUTHORITY

*******A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED*******

*(PLEASE INCLUDE FIRST AND LAST NAMES OF ALL PARTIES THAT ARE TO BE LISTED ON THE ACCOUNT AND HAVE RIGHTS TO MAKE INQUIRIES ON THE ACCOUNT. **A DRIVER'S LICENSE COPY IS REQUIRED FOR EACH PERSON LISTED ON THE ACCOUNT**)*

NAME (PARTY #1) LAST _____ FIRST _____

NAME (PARTY #2) LAST _____ FIRST _____

SOCIAL SECURITY NUMBER (PARTY #1) _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER (PARTY #2) _____ DATE OF BIRTH _____

PARTY #1 EMPLOYER _____ PHONE NUMBER _____

PARTY #2 EMPLOYER _____ PHONE NUMBER _____

BUSINESS NAME _____

TAX ID # OF BUSINESS _____

SERVICE ADDRESS _____

CITY, STATE, ZIP _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ CELL PHONE NUMBER _____

SERVICE START DATE _____ (IT MAY TAKE AT LEAST ONE BUSINESS DAY TO SET UP)

OWN _____ RENT _____ LANDLORD NAME _____ PHONE# _____

LANDLORD ADDRESS _____

CITY, STATE, ZIP _____

CHOOSE ONLY ONE: PAPERBILL _____ EBILL _____ EMAIL ADDRESS _____

DO YOU HAVE AN IN-GROUND SPRINKLER SYSTEM YES _____ NO _____ HOA SPRINKLERS _____

SIGNATURE (PARTY #1) _____ DATE _____

SIGNATURE (PARTY #2) _____ DATE _____

IS INFORMATION CONFIDENTIAL ? _____ (This does not apply to commercial customers) DONATE _____

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

TODAY'S DATE _____ START DATE _____

DEPOSIT RECEIVED DATE _____ AMOUNT _____ CASH/CHECK OR CC _____

OLD ACCOUNT NUMBER (IF APPLICABLE) _____

Your water and/or sewer account will be billed monthly. On the first bill will be a \$100 deposit. After 24 timely payments or cancellation of the account, the deposit is automatically credited to the account.