

DATE RECEIVED _____
OFFICE USE ONLY

START DATE _____
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 _____

BUSINESS NAME _____

TAX ID # OF BUSINESS _____

SERVICE ADDRESS _____

CITY, STATE, ZIP _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PRIMARY PHONE # _____ SECONDARY PHONE # _____

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: PAPER BILL _____ EBILL _____ EMAIL ADDRESS _____

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

*****BACKFLOW TEST ARE DUE YEARLY BY JUNE 30TH TO AVOID ANY FURTHER CHARGES*****

SIGNATURE (PARTY #1) _____ DATE _____

SIGNATURE (PARTY #2) _____ DATE _____

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

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

DEPOSIT RECEIVED DATE _____ 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.