

Account Number: \_\_\_\_\_



**City of Pevely**  
New Resident Application and Deposit  
Deposit Total: \$150.00  
**Please print clearly and legibly**

Name of Applicant: \_\_\_\_\_ Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Phone (Circle One): Home Cell Work

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issue State: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Type of Phone (Circle One): Home Cell Work

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issue State: \_\_\_\_\_

Would you like your bill sent to a different address? Yes No **If yes, please fill in the address below**

Street: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant is: \_\_\_\_\_ Buying \_\_\_\_\_ Renting (if renting, please complete the information below)

Landlord / Leasing Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Would you like to participate in E-billing? Yes No

By selecting yes, I understand I will not receive bills by mail and only by the email address provided.

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

By signing below, resident understands and acknowledges that they are responsible for all water that goes through the meter. The City of Pevely is only responsible from the main line to the meter. The resident is responsible for any repairs or water used from the meter to the home. By signing below, resident understands and acknowledges that at **NO TIME** is he/she allowed to open the meter pit, and should an emergency arise, the resident is to contact City Hall immediately.

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

\_\_\_\_\_  
Co-Applicant Signature

**Office Use Only**

Move in Date: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Paid By: Cash Check CC

Work Order Sent Date: \_\_\_\_\_ By: \_\_\_\_\_ Read: \_\_\_\_\_