

City of Festus – Business Water Account Application

(Office Use Only)

Account Number _____ Own/Rent Deposit Amount _____ Date _____

PLEASE PRINT NEATLY– All fields MUST be completed or use “N/A” when applicable

Business Name: _____

Federal Tax ID #: _____ Driver’s License Number: _____

Physical Address: _____

Billing Address (If Different): _____

City, State, Zip Code: _____ Business Phone #: _____

Contact Person: _____ Phone #: _____

Email Address _____

Check box to sign up for Paperless Billing

If renting, the Property Owner’s information is required below to initiate water services:

Property Owner’s Name _____ Phone Number _____

Address _____

Bills are due on the 15th of the month. Delinquent bills are subject to disconnect on the 1st of the following month.

In the event of default, you agree to pay for all reasonable services incurred to collect the charges for services rendered by the City of Festus, which may include the following: all reasonable attorney fees, court costs and collection services. These service fees could range from 10-30% in addition to the outstanding balance due.

You agree that in order for us to service your account or to collect any amount you may owe, our city’s representatives and the representatives of our debt collections agency may contact you by telephone at any number associated with your account, including wireless telephone numbers, which could result in charges to you. Our city’s representatives and the representatives of our debt collections agency may contact you by sending text messages or emails using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an auto-dialing device as applicable.

It shall be the responsibility of the customer to notify the City upon departure from location to finalize the account. The first date of notification will be used. If the customer fails to notify the City, the first notification of any new customer’s start date shall be used for the final of the previous person.

By signing, you agree that you have read this disclosure and agree that our city’s representatives and the representatives of our debt collections agency may contact you as described above. Also, you are acknowledging that you understand that if you or an appointed person is NOT present at the scheduled time for water turn on, it shall NOT be rescheduled until the following working day.

Applicant Signature

Date

Please fill out Festus Police Department Business Emergency Contact Information on back of this page

Name

Account Number

FESTUS POLICE DEPARTMENT

BUSINESS EMERGENCY CONTACT INFORMATION

636-937-3646 OR 636-931-3646 FAX# 636-937-8086

E-MAIL dispatch@cityoffestus.org

(ALL INFORMATION IS KEPT CONFIDENTIAL)

Business Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Owner's Name: _____

Phone Number: _____

Alarm Company Name: _____

Alarm Company Number: _____

BURGLAR ALARM: YES NO FIRE ALARM: YES NO

PLEASE LIST EMERGENCY CONTACT'S NAME AND NUMBERS FOR AFTER HOURS:

First Contact Name: _____

Phone Number: _____

KEYS: YES NO

Second Contact Name: _____

Phone Number: _____

KEYS: YES NO

Third Contact Name: _____

Phone Number: _____

KEYS: YES NO

IF THERE IS ANY FLAMMABLE OR HAZARDOUS MATERIAL IN THE BUILDING, LIST WHAT IT IS AND WHERE IT IS LOCATED:

IN THE EVENT THE NAMES AND/OR NUMBERS CHANGE OR THE BUSINESS ENDS OPERATIONS WOULD YOU PLEASE CONTACT THE DISPATCHING CENTER OF THE FESTUS POLICE DEPARTMENT TO ADVISE OF CORRECTIONS AND/OR DELETIONS. YOUR COOPERATION WILL ALLOW US TO KEEP AND MAINTAIN UPDATED FILES SO THAT YOU DO NOT RECEIVE INCONVENIENT TELEPHONE CALLS IN THE MIDDLE OF THE NIGHT.