



110 W. Maddux Ste 200; Branson, MO 65616
Utilities@bransonmo.gov
Phone 417-337-8529

CITY OF BRANSON WATER & SEWER SERVICE COMMERCIAL APPLICATION

FOR OFFICE USE ONLY	
CUSTOMER ID _____	DEPOSIT AMOUNT \$ _____
LOCATION ID _____	CASH / CC / MO / CHECK# _____
TRANSFER DEPOSIT FROM ACCT# _____ -- _____	
PREVIOUS CUSTOMER _____	
INITIAL READING _____	IRRIGATION INITIAL READING _____

Customer Information (PLEASE PRINT)

CORPORATION NAME _____ STARTING DATE OF SERVICE _____

DBA NAME _____ FEIN # _____

OWNER OR PRESIDENT OF CORP. _____ DATE OF BIRTH _____

_____ S.S.# _____

SERVICE ADDRESS _____ BUSINESS PHONE # _____

MAILING ADDRESS _____ EMERGENCY PHONE # _____

EMAIL ADDRESS _____

Please complete the following information in full:

1. Are you the property: Owner _____ Renter _____

2. Is the service at this location for:

_____ Business Location _____ Irrigation Meter _____ Other (Explain)

3. If you are the renter, please list the owner's name.

Signature

Date

I do hereby agree to pay all charges for water and/or sewer service at the above location as long as said service remains in my name. At which time I move out, I will notify the City of Branson to discontinue service in my name and will submit a new mailing address at that time.

**PLEASE COMPLETE AND RETURN FOR OUR BILLING RECORDS.
THANK YOU!**