



Service Agreement for Water/Sewer Services

Please complete & return to:
City of Grain Valley
711 Main St, Grain Valley, MO 64029
Fax: 816-847-6209
Email: water@cityofgrainvalley.org
Service Agreement and Deposit must be received at least 24 hours prior to service activation.

Service Start Date: (Monday-Friday only)

Applicant Name:

Service Address:

Mailing Address: City, State, Zip: (if different)

Date of Birth: Social Security #: Driver's License #: (Copy of DL is required)

Primary Phone #: Alternate Phone #:

Email Address:

Co- Applicant Name:

Date of Birth: Social Security #: Driver's License #: (optional)

Primary Phone #: Alternate Phone #:

Renting Name of Landlord Phone #

Buying Proof of residence at your new address may be required, such as lease/rental agreement or mortgage/proof of homeownership

How would you like to receive your monthly statement: Paper Statement Email Statement Both

By signing this form, I agree that I have applied for utility services provided by the City of Grain Valley, and I am responsible for all amounts billed to me by the City of Grain Valley. I hereby certify that I have read and examined this agreement and know the same to be true and correct. All provisions of laws and ordinances governing service will be complied with.

Applicant Signature Date

Office Use Only

Account #:

Deposit Amount: Homeowner \$50.00 Renter \$100.00 Commercial \$100.00

Transferring From: Disconnect Date: