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10. The location or description of the property to be served by the water service connection is:

No. of connections _____

PHONE _____

Location and identification of connection or connections:

TOWNSHIP _____ SECTION _____ RANGE _____

SIGNATURE OF OWNER _____ DATE _____

Tenant _____

Address _____

Phone _____

Owner desires to be Notified of Delinquent Account: Yes _____ No _____

User/Owner (circle one) agrees to pay any balance due if cost of set exceeds the estimated amount charged or the minimum meter set amount charged.

**User certifies that the use of water purchased is DOMESTIC _____ NON-DOMESTIC _____

(Domestic use is that portion of water used for non-business, non-commercial, non-industrial

Purposes, Domestic use is tax exempt and non-domestic use is taxable.)

SIGNATURE OF USER _____

DATE _____

Receipt of \$ _____ (cash/check) for a water meter connection is hereby acknowledged.

District Official _____ Date _____

Consolidated Public Water Supply District # 1

PO Box 198

Kahoka Mo 63445

Phone: 660-727-1411 Fax: 660-727-1413