

TANEY COUNTY REGIONAL SEWER DISTRICT
CENTRAL SEWER BILLING APPLICATION
 PO BOX 563, FORSYTH, MO 65653 - (417) 546-7221

SECTION I
PROPERTY OWNER'S NAME: _____
ADDRESS: _____
Street or PO Box City State Zip
911 ADDRESS (IF DIFFERENT): _____
Street City State Zip
PHONE NUMBER (WITH AREA CODE): _____
SSN: _____ **LIC#** _____ **DATE OF BIRTH:** _____

SECTION II
RENTER'S NAME (IF DIFFERENT): _____
ADDRESS: _____
Street or PO Box City State Zip
911 ADDRESS (IF DIFFERENT): _____
Street City State Zip
PHONE NUMBER (WITH AREA CODE): () _____
 Monthly Sewer Bill sent to Renter: Yes _____ No _____
SSN: _____ **LIC#** _____ **DATE OF BIRTH:** _____

SECTION III
A COPY OF PROOF OF OWNERSHIP IS REQUIRED WITH ALL APPLICATIONS. THIS CAN BE A COPY OF YOUR WARRANTY DEED OR A COPY OF YOUR PAID PROPERTY TAX FOR THE PAST YEAR.

SECTION IV
A SECURITY DEPOSIT WILL BE REQUIRED AT THE TIME OF THE SUBMISSION OF YOUR APPLICATION FOR CONNECTION TO THE COUNTY'S SEWER SYSTEM.

RESIDENTIAL: \$100.00 COMMERCIAL: \$200.00

SECURITY DEPOSIT WILL BE PAID BY: PROPERTY OWNER RENTER

SECTION V
PLEASE READ BEFORE SIGNING:
 In signing this application, I understand that if the information provided herein is not true, my permit will be revoked. I further understand and agree to abide by the requirements of the Taney County Regional Sewer District. The Taney County Regional Sewer District assumes no liability for the installation or performance of any sewer system other than its own. I agree to all inspections on my property deemed necessary to secure compliance with all County codes relevant to this application.
****I, as the property owner also understand that I will be ultimately responsible for payment of all unpaid sewer charges incurred on the aforementioned property.****

PROPERTY OWNER'S/RENTER'S SIGNATURE: _____ **Date** _____
Application not valid without signature of owner/renter

SECTION VI
FOR OFFICE USE ONLY - DO NOT FILL IN

CONNECTION FEE: _____ DATE PAID _____ RECEIVED BY _____
 DEPOSIT AMOUNT: _____ DATE PAID _____ POSTED _____ REC'D BY _____
 ACCOUNT # _____ RECEIPT # _____