

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

SECTION I

PROPERTY OWNER'S NAME: _____ **SSN:** _____

ADDRESS: _____
Street or PO Box City State Zip

911 ADDRESS (IF DIFFERENT): _____
Street City State Zip

PHONE NUMBER (WITH AREA CODE): _____

SSN: _____ **LIC#** _____

SECTION II

RENTER'S NAME (IF DIFFERENT): _____ **SSN: :** _____

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#** _____

(Property Owner is ultimately responsible for payment of sewer bill)

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: \$50.00

COMMERCIAL: \$100.00

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.

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 # _____