



City of Ash Grove

"A Good Place to Live"

100 W. Main Street, Ash Grove, Missouri 65604

WATER/SEWER CONNECTION WORK ORDER

Today's Date: _____

Residential ☉ Commercial ☉ Renter ☉ Owner ☉

Name(s) on Account: _____

Address of Service: _____ Ash Grove, MO 65604

Mailing Address if Different: _____

Connection Date and Time (City hours 8 am-4:30pm): _____

Amount of Deposit \$150.00: _____

Occupant #1: Name _____

Driver's License State and Number _____

Employer _____ Work Phone: _____

Home/Cell Phone: _____

Signature: _____ Print Name: _____

Occupant #2: Name _____

Driver's License State and Number _____

Employer _____ Work Phone: _____

Home/Cell Phone: _____

Signature: _____ Print Name: _____

Number of persons using the water at this address: _____

Emergency Contact Name: _____ Phone: _____

How many Pets: Dogs: _____ Cats: _____ Other: _____

Beginning Read: _____

WATER/SEWER DISCONNECT WORK ORDER

Today's Date: _____

Name of Person Requesting Disconnect: _____

Date Service is to Discontinue (Monday-Friday): _____

Reason for Disconnection: _____

Forwarding Address: _____

Account Number: _____

Amount of Final Bill: _____

Signature: (must be on the account): _____

Print Name: _____

City Hall: (417) 751-2333

Fax: (417) 751-3814

Mail: P.O. Box 235 Ash Grove, MO 65604