

City of Oronogo
Municipal Utility
Landlord Application for Water Service

Name _____

Property Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Social Security # _____ or EIN# _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Spouse Employer _____ Work Phone # _____

Email address _____

Manager's Name _____ Phone # _____

Please be aware that any bill that is sent out by Oronogo Municipal Utility is done as a courtesy for all our customers. If you do not receive a bill, it is still a debt, you must call or come into the office to find out the balance due. Our phone number is (417) 673-4541. **Bills are due by the 15th of each month and late fees are assessed on the 16th. If the bill is not paid by the 25th of the month service may be shut off without further notice.**

Note: Deposits are held on file unless you are selling property. Any balance will be mailed on the 15th of the following month.

I agree to comply with the rules in force and that are hereafter made by Oronogo Municipal Utility, and hereby do guarantee the payment of all bills as they become due. **Whether I receive a bill or not, I realize there is a bill due monthly and failure to receive a bill does not negate the payment of the same.**

Signature _____ Date _____

** I acknowledge that I have received a copy of the utility policy. _____ (please initial) **

For Office Use Only

Deposit Information: Water Deposit \$ _____

Total amount received: \$ _____ Cash _____ Check _____ CRDB _____