

City of Lanagan Water/Trash Services Application

205 Forest Street | PO Box 16 | Lanagan, MO 64847
Phone: (417) 436-2226 | Fax: (417) 436-4774 | lanagan64847@gmail.com

All information must be provided in order for water service to be provided.

Date of Application: _____ Service(s) Requested: Water Trash

Full Name: _____

Name of Business: _____
(If applicable)

Name on Utility Bill: _____

Phone #: _____

Secondary Contact: _____
(If any, must be over 18yrs)

Physical Address: _____
(Where service will be provided)

Billing/Mailing Address: _____ Within City Limits: Yes No

Address Moving From: _____

Landlords Name: _____
(If applicable)

1st Adult in Household

2nd Adult in Household

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

Employer: _____

Employer: _____

Have any applicants previously had water / trash service within the City of Lanagan? Yes No

If yes, under what name(s)? _____

Item required with application:

- 1. Driver's License / ID for ALL Adults Living In Household**
- 2. Rental Agreement or Deed/Closing Documents**
- 3. Service Deposit - \$150 Owners / \$200 Renters**

Deposits must be made with Check, Money Order or Credit Card. We do not accept Cash.

Name of Nearest Relative Not Living With You: _____

Phone #: _____

IRIS Notification System

Please **DO** **DO NOT** notify me of service outages and other important information related to water/trash services.

Phone to Notify: _____ Email: _____

All information provided is true and correct. I consent to a credit / background check to establish services.

Applicant Signature _____ Date: _____

FOR OFFICE USE ONLY

Account #: _____ Serial #: _____ Initial Meter Reading: _____

Deposit Received: _____

Deposit Total: _____ Check# _____

Account Closed: _____ Final Meter Reading: _____

Deposit Returned: _____ Check Total: _____ Check #: _____

Forwarding Address: _____
