**CITY OF REEDS SPRING**

**Must be completed no later than March 31st each year.**

**Effective only April 1st through October billing cycle**

To: Reeds Spring City Hall

P.O. Box 171

Reeds Spring, MO 65737

[utilityclerk@reedsspring.org](mailto:utilityclerk@reedsspring.org)

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your water bill paid up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your water currently shut off for non-payment? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing you understand that this is a summer flat rate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Print Name

**Office Use Only**

January Sewer Rate \_\_\_\_\_\_\_\_\_\_\_

February Sewer Rate \_\_\_\_\_\_\_\_\_\_\_

March Sewer Rate \_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_\_\_\_

÷ by 3 Flat Rate amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By Date