**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

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