

# **PWSD #1 of Franklin County**

3021 Hwy. A, Suite 101 Washington, MO 63090 (636) 239-2808

**\*\*\*A COPY OF YOUR DRIVERS LICENSE IS REQUIRED\*\*\***

**CUSTOMER MASTER FILE FORM: PLEASE PRINT LEGIBLY**  
**It may take at least one business day to set up service.**

(PLEASE INCLUDE **FIRST** & **LAST** NAMES OF ALL PARTIES -THAT ARE TO BE LISTED ON THE ACCOUNT AND HAVE RIGHTS TO MAKE INQUIRIES ON THE ACCOUNT)

**1) NAME-LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_

SOCIAL \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
SECURITY # \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

PHONE# (HOME) \_\_\_\_\_

PHONE# (CELL) \_\_\_\_\_

**2) NAME-LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_

SOCIAL \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
SECURITY # \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

PHONE# (CELL) \_\_\_\_\_

## **COMMERCIAL ACCOUNTS:**

BUSINESS NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ TAX ID # \_\_\_\_\_

SERVICE

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ LANDLORD NAME/PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SERVICE START DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ IS INFORMATION CONFIDENTIAL? \_\_\_\_\_  
(Does not apply to commercial)

***DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY***

ACCOUNT # \_\_\_\_\_

OLD ACCT # (IF APPLICABLE) \_\_\_\_\_ STATUS \_\_\_\_\_

DEPOSIT DATE \_\_\_\_\_ AMT \_\_\_\_\_ CK/CASH \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_