

# 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 \_\_\_\_\_

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

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

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***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:** \_\_\_\_\_