



# Cape Girardeau County Reorganized Common Sewer District

## Service Agreement

SERVICE ADDRESS:

CUSTOMER #: CN

**Primary Account Holder**

Name
Home Phone
Cell Phone
Work Phone
E-Mail Address

Mailing Address (if different from service address):

**Joint Account Holder authorized to discuss account**

Name
Cell Phone
Work Phone
E-Mail Address

How would you prefer to receive invoices?

Paper  E-Bill  Both

Choose One:

Own  Rent

**\*By signing below, I understand that if I vacate the residence, I will continue to incur sewer bills unless and until I give the Sewer District notice by phone or email to discontinue service.\***

Signature

Date

Printed Name

Date of Birth

Last 4 SSN/ DL #:

**Privacy Policy:** The Cape Girardeau County Reorganized Sewer District will not share your personal information with anyone unless required under State Law. Your Date of Birth and your last 4 Digits of your Social Security Number or your Driver's License Number will never be entered into any computer system at any time. The hardcopy of this form will be kept in a locked and secure location.