

City of Noel
Application for Sewer Service

Name _____

Spouse Name _____

Date of Birth _____

Service address _____

Mailing Address _____

Phone Number _____

E-Mail Address _____

Social security number and Missouri Driver's License

Are you the home owner? _____

If not, name of the home owner _____

Address _____

And/or Phone number _____

Office Use Only

Account number _____ Deposit Amount\$ _____

Date Paid _____ Receipt Number _____

Refund Date _____