



Cape Girardeau County Reorganized Common Sewer District Service Agreement

SERVICE ADDRESS:

Jackson, MO 63755

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

Date of Birth

Printed Name

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.