



GRAVOIS ARM SEWER DISTRICT  
28982 HARBOUR ROAD  
GRAVOIS MILLS, MO 65037 OFFICE:  
573-372-0042  
FAX: 573-372-1242

EMAIL: ADMIN@GASDMO.COM

**APPLICATION FOR SEWER SERVICE  
ALL INFORMATION IS REQUIRED**

NAME (OR BUSINESS NAME) \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

D.L.# \_\_\_\_\_ S.S.N. \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS OF SERVICE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ E-Bill Y / N

RESIDENTIAL \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ HOW MANY IN HOUSEHOLD \_\_\_\_\_

DATE PURCHASED PROPERTY \_\_\_\_\_ PREVIOUS CUSTOMER Y / N

PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_

IF RENTING-NAME OF LANDLORD \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

IF THIS IS FOR COMMERCIAL, R/V OR CAMPGROUND USE, OR INDUSTRIAL USE-  
PLEASE EXPLAIN TYPE OF ACTIVITY PROPERTY WILL BE USED FOR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# OF UNITS \_\_\_\_\_ # OF SEATS \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

# OF R/V – CAMPGROUND SITES \_\_\_\_\_ # OF BOAT SLIPS \_\_\_\_\_ MARINA Y / N

I understand the District's charge continues for customer who maintains the connection even if you do not actually use the sewer for a period of time, while absent or while your business is closed or residence is unoccupied? YES \_\_\_\_\_ NO \_\_\_\_\_

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

This agreement is accepted and executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20

GRAVOIS ARM SEWER DISTRICT

By: \_\_\_\_\_

Mardonna Phillips, Office Manager