

# Timber Creek Sewer Co., Inc.

P.O. Box 511, Platte City, MO. 64079

(816) 858-3989

Please fill out and mail or Email to us at [customerservice@timbercreeksewerco.com](mailto:customerservice@timbercreeksewerco.com)

## New Service Application for Platte County

Date of closing: \_\_\_\_\_

Property Owner's Name / Company Name: \_\_\_\_\_

Property Owner's full name: \_\_\_\_\_

Additional owners that we may talk to or Legal Representative: \_\_\_\_\_

\_\_\_\_\_

Address of property: \_\_\_\_\_

\_\_\_\_\_

Mailing address if different from property address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Subdivision name: \_\_\_\_\_

Sewer service is a flat rate fee of \$36.71 per month regardless of water usage. Invoices are mailed out on the 28<sup>th</sup> of each month. The sewer bill is due upon receipt and late after the 21<sup>st</sup> of the month. A late fee of 10% of the balance due is assessed on all past due accounts. If you do not receive your bill by the 5<sup>th</sup> of the month please call and let us know. Not receiving a bill does not constitute the right not to pay it. If paying with check, money order, or a bill-pay service, please use Service ID # on all payments. Any bills over 60 days old will get a \$25.00 Collection Fee added on to the bill. After 90 days past due, your service will be discontinued by having water service disconnected as per Revised Missouri State Statute Section 393.015 RSMo. 2000. If service is discontinued, an additional charge of \$100.00 is added to the account for having to disconnect your water. After 90 days past due, Timber Creek Sewer Company may also file a lien against the property resulting in an additional fees being added on to your bill.

We have ACH Direct Withdraw available for your payment. Free of Charge. Interested? Y \_\_\_\_ N \_\_\_\_

We have recurring Credit Card Payments available. Interested? Y \_\_\_\_ N \_\_\_\_

**Homeowners with grinder pumps will pay an additional \$5.00 service fee per month.**

Are you interested in Email Paperless Billing? Y \_\_\_\_ N \_\_\_\_

(By selecting Yes you agree to not receiving a paper bill)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature