

**Village of Parkway
Sewer Service Agreement**

**Village of Parkway
1361 Parkway Drive
PO Box 123
St. Clair, MO 63077**

**Contact Numbers
Office: 636-629-9961
Fax: 636-629-9965**

Service Application:

Applications may be obtained in person at 1361 Parkway Drive, St. Clair MO, by fax, or by mail.

Deposit Requirements:

The Village of Parkway requires a deposit as a condition of new, or continued sewer use. The deposit is \$100.00. Deposits will be refunded within fifteen days of vacating the property where the sewer account is established and upon the condition that there is no monies owed to the Village of Parkway for sewer payments or money owed as a result of delinquent sewer payments including legal fees, court costs, and liens, as well as any other debt that may incur as a result of non-payment of account. Any money owed to the Village of Parkway may be deducted from any deposits the Village may have in its possession with the remaining balance, if any, paid to the Village by the account holder. Any money remaining after any money owed to the Village is deducted from the sewer deposit will be returned to the user within the fifteen days. Any account that goes one full year without being delinquent may have the deposit returned to them upon written request to the Village to do so and it will be returned with the understanding that the sewer account will be kept paid in a timely manner. Failure to keep it paid may result in a deposit being reinstated on the account.

Resident Payments;

Monthly bills are due on the first of the month and are delinquent after the 15th of the month. There is a \$1.50 late fee applied for payment received after the 15th, after 90 days, an additional \$5.00 administration fee will be billed to your account per month along with the \$1.50 late fee until satisfactory payment is received to pay off the sewer bill.

VILLAGE OF PARKWAY RESIDENT INFORMATION

Resident's Name: _____

Resident Address: _____

Resident Phone Number: _____

Number in household: _____

Rent or Own: _____

Billing Address (if different than above) _____

Spouse/Roommate Information

Name: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

It is agreed by submitting this Service Agreement, Resident has read this agreement for Sewer Services; that the information contained herein is true and correct and the resident agrees to abide by and comply with the Village of Parkway Service Agreement.

Resident Signature: _____ Date: _____