

# *Sedalia Water Department*

111 West 4th Street  
Sedalia, MO 65301

## Turn On Service Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Turn on Date: \_\_\_\_\_