

AQUA

Missouri_{SM}

1000 South Schuyler Avenue
Kankakee, IL 60901
www.aquamissouri.com

800-851-1305
815-935-6535
815-935-8809 (fax)

Physically checked ID

Account Number:

APPLICATION FOR SERVICE

OFFICE USE ONLY

CUSTOMER INFORMATION:

Customer Name: Ed Storer
Service Address: 2906 FORDALE DR
Mailing Address: 2916 " "
Previous Address: _____
Home Telephone Number: 634-7888
Social Security Number: _____
Employer: SLT
Date of Birth: 3-29-31
Drivers License Number: _____
Work Telephone Number: _____

Exhibit No. 5
Date 10-29-07 Case No. WC-2007-0303
Reporter RJS

SPOUSE'S INFORMATION:

Spouse's Name: Jo Storer
Social Security Number: _____
Employer: _____
Date of Birth: 4-18-41
Drivers License Number: _____
Work Telephone Number: _____

NEAREST RELATIVE OR NEIGHBOR WITH A PHONE:

Name: Tom Storer
Phone Number: _____ Relationship: SON
NOV 21 2007

SERVICE INFORMATION:

Previous service with our company: NO YES
Location: _____
Date & Type: _____

Missouri Public
Service Commission

Date Service is to Begin: 11-15-05 Type of Service: SEWER

Are you the: OWNER BUILDER RENTER
If you are the Renter, you must give us the Owner's:
Name: _____
Address: _____
Telephone number: _____
Petitioners Exhibit No. 5
Case No(s). WC-2007-0303
Date 10-29-07 Rptr RJS

If this is a new construction, you must give us the Builder's:

Name: SLT CANET LLC
Address: 2916 FORDALE
Telephone number: 634-7888

KINDLY READ AND SIGN THE SERVICE AGREEMENT

PETITIONER'S
EXHIBIT

5

I hereby make application for water/sewer service to Aqua Missouri at the address described above and hereby agree to pay for this service in accordance with rates of the company which are now, or later may be filed with, and approved by the proper Regulatory Authorities. By executing this application I hereby agree that the service shall be furnished to me only upon compliance of all rules, regulations and policies of the company now on file and hereafter filed and approved by the Missouri Public Service Commission or its successors.

Signature

Ed Storer

Date

11-11-05



AquaSource

A DQE Company

P.O. Box 7017
5400 Bus. Hwy. 50 W. Suite 3
Jefferson City, MO 65102

800-624-5252 (MO only)
573-634-2699
573-635-2157 (fax)

220225137326

Application for Service

Name: Patrick and Marianne Mills
Service Address: 2930 Canterbury Drive JC 65109
Mailing Address: 2930 Canterbury Drive
Service Requested: WATER or SEWER Home Telephone number: 893-4205
Date Service is to begin: 6-27-03
Are you the: OWNER BUILDER RENTER

If you are the Renter, you must give us the Name, Address, and Telephone number of the Owner:

Name of Owner: _____
Address of Owner: _____
Telephone number of Owner: _____

If this is a new construction, you must give us the Name, Address, and Telephone number of the Builder:

Name of Builder: _____
Address of Builder: _____
Telephone number of Builder: _____

Individual's Previous Address: 2402 Colonial Hills Road
Employer: State of MO Work Telephone Number: 751-9302
Social Security Number: 486-86-3365 Home Telephone Number: 893-4205
Spouses Name: Patrick Mills
Spouses Employer: Mo State Fed Assn Work Telephone Number: 636-3366
Nearest Relative's Name: Leoneke Purcell Telephone Number: 917-883-1490
Relationship: Mother

ID MOD# K218346001

KINDLY READ AND SIGN THE SERVICE AGREEMENT

I hereby make application for water/sewer service to AquaSource/CU at the address described above and hereby agree to pay for this service in accordance with the rates of the company which are now, or later may be filled with, and approved by the proper Regulatory Authorities. By executing this application I hereby agree that service shall be furnished to me only upon compliance of all rules, regulations and policies of the company now on file and hereafter filed and approved by the Missouri Public Service Commission or its successors.

Signature Marianne Mills Date 6-11-03



AquaSource

P.O. Box 7017
Jefferson City, MO 65102
5402 Bus. Hwy. 50 W. Suite 3
Jefferson City, MO 65109

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573-634-2699
573-635-2157 (fax)

Customer Name: Michael Barnes
Service Address: 2725 Foxdale Court
Mailing Address: 2725 Foxdale Court JC Mo 65109
Previous Address: 2933 Skyview Dr JC Mo. 65101
Social Security Number: 486-54-8097 Home Telephone Number: 573-636-9754

Previous service with our company: NO YES
Previous Service Location: _____
Previous Service Date: _____
Previous Service Type: _____

Date Service is to Begin: 11-1-03
Are you the: OWNER BUILDER RENTER
If you are the Renter, you must give us the:
Owner's Name: _____
Owner's Address: _____
Owner's Telephone number: _____

If this is a new construction, you must give us the:
Builder's Name: Randy Stargeman
Builder's Address: _____
Builder's Telephone number: _____

Employer: Dunham Work Telephone Number: 573-791-9933

Spouse's Name: Denise Barnes Spouse's Social Security Number: 491-84-8567
Spouse's Employer: J.C. Loose Creek Spouse's Work Telephone Number: 573-897-3516

Nearest Relative's Name: Mary Sullivan
Telephone Number: 573-686-5556 Relationship: Mother in law

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Signature Michael Barnes Date 10.14.03



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Jefferson City, MO 65109

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573-634-2699
573-635-2157 (fax)

Application for Service

3000 Cantaberry Drive

Name: PASH GOODIN
Service Address: Quail Valley Lot #59
Mailing Address: 3000 Cantaberry
Service Requested: WATER or SEWER
Date Service is to begin: _____
Are you the: OWNER BUILDER RENTER
If you are the Renter, you must give us the Name, Address, and Telephone number of the Owner:
Name of Owner: _____
Address of Owner: _____
Telephone number of Owner: _____

If this is a new construction, you must give us the Name, Address, and Telephone number of the Builder:

Name of Builder: PASH GOODIN
Address of Builder: 3000 Cantaberry
Telephone number of Builder: 680-1053 634-4481
Cell Home
Individual's Previous Address: 3000 Cantaberry
Employer: SELF Work Telephone Number: 680-1053
Social Security Number: 488-86-3153 Home Telephone Number: 634-4481
Spouses Name: Rachelle Goodin
Spouses Employer: JCHS School Work Telephone Number: _____
Nearest Relative's Name: mother Telephone Number: _____
Relationship: Martha Goodin

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Signature [Signature] Date 8-1-03