



ACCOUNT # _____

CITY OF APPLETON CITY

114 EAST 4TH STREET, APPLETON CITY, MISSOURI 64724

660-476-2631 • 660-476-2651 FAX

UTILITY SERVICE APPLICATION

DATE : _____ ACTIVATE SERVICE ON: _____

Utility Service Information:

Service Address: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

I will: (Please check one) Rent this Property _____ or Own this Property _____

Do you currently have or have you previously had service in the City of Appleton City or in a fifty (50) mile radius?

Yes ___ No ___

If yes, at what address? _____ Under what name? _____

Applicant Information:

1. Name: (Last) _____ (First) _____ (MI): _____

2. Name: (Last) _____ (First) _____ (MI): _____

1. Social Security #: _____ - _____ - _____ 2. Social Security #: _____ - _____ - _____

1. Birthdate: ____/____/____ 2. Birthdate: ____/____/____

1. Cell Phone #: (____) _____ - _____ 2. Cell Phone #: (____) _____ - _____

Previous Address: _____ City: _____ State: _____ Zip: _____

1. Employer: _____ Employer Phone #: (____) _____ - _____

Employer Address: _____ City: _____ State: _____ Zip: _____

2. Employer: _____ Employer Phone #: (____) _____ - _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Marital Status: (Circle One) M D W S

Others over 18 years of age living at address:

Name: _____ DOB: ____/____/____ SS#: _____ - _____

Name: _____ DOB: ____/____/____ SS#: _____ - _____

Landlord Information:

Landlord Name: _____ Phone #: _____

ACCOUNT # _____

REFERENCES

NAME: _____ PHONE #: _____
Address: _____ City: _____ State: _____ Zip: _____

I hereby request utility service at the above address. I agree to accept responsibility for the utility service at that time. I agree to abide by rules & regulations of the City now in force, or hereafter to be fixed by the City, relating to the operation of its utilities. I agree to pay for utilities received, used or wasted at the above address during the period of this contract. I have received a copy of Chapter 700 Appleton City Code. (initial) _____ I further agree to deposit \$ _____, as security for the payment of any sum that I may owe the City of Appleton City, Missouri.

The undersigned agrees to pay, in full, all balances due for utilities billed, due the 16th of each month. Disconnection of service will be eleven (11) days after due date (on invoice) *without any notice*. If disconnection occurs the reconnect fee and the balance must be paid in full. Please be advised that it is policy of the City of Appleton City that anyone with an unpaid utility balance will not be eligible for city services until balance is fully satisfied. By signing this form, I certify that the above facts are true.

ALL SIGNATURES ARE REQUIRED BEFORE ANY UTILITY SERVICE IS PROVIDED.

Signature of Applicant(s): _____

Printed Name of Applicant(s): _____ Date: _____

OFFICE USE ONLY:

Account #: _____ Service Order Written By: _____

DEPOSIT REQUIRED:

WATER: _____ PAID BY CASH OR CHECK # _____ DATE PAID: _____

DEPOSIT PAID BY: _____

COPY OF PICTURE ID. (ATTACHED)

COPY OF CHAPTER 700 OF APPLETON CITY CODE GIVEN TO APPLICANT

APPLICATION FOR UTILITIES UPDATED AUGUST 2019