



APPLICATION FOR MUNICIPAL UTILITIES

ADDRESS FOR WHICH UTILITIES SERVICE IS NEEDED:

JACKSON, MO 63755

ARE YOU THE OWNER OF THE ABOVE PROPERTY? _____

PROPERTY OWNER/MANAGER'S NAME AND PHONE NUMBER (IF NOT SELF)

MAILING ADDRESS IF DIFFERENT THAN UTILITY ADDRESS:

MAIDEN NAME _____

YOUR CURRENT INFO

SPOUSE/ROOMMATE INFO

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH _____

MAIN TELEPHONE: _____

ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

PRESENT EMPLOYER: _____

EMPLOYER'S PHONE: _____

PREVIOUS ADDRESS: _____

Once a bill becomes delinquent you will be in violation of Ordinance 2952 Section 1-16 of the City Code of Jackson, Missouri and may be prosecuted in Municipal Court. In signing this agreement, you acknowledge that you have been advised of this fact and agree to pay any and all attorney fees if taken to court for unpaid utilities.

X _____

Signature

Date

★ Be advised that under 610.023 RSMo your name, address and utility bill is a matter of public record and may be disclosed upon request.