



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)

OFFICE USE ONLY
ACCT #
DEPOSIT #
ZIP 4
CARRIER

MAILING ADDRESS IF DIFFERENT THAN UTILITY ADDRESS:

MAIDEN NAME _____

YOUR CURRENT INFO

SPOUSE/ROOMMATE INFO

NAME:	_____	_____
SOCIAL SECURITY #:	_____	_____
DATE OF BIRTH:	_____	_____
HOME TELEPHONE:	_____	_____
CELLULAR PHONE:	_____	_____
E-MAIL ADDRESS:	_____	_____
PRESENT EMPLOYER:	_____	_____
EMPLOYER'S PHONE:	_____	_____
EMPLOYER'S FAX:	_____	_____
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

****NEW RESIDENT LIST** (PLEASE CHOOSE ONE)**

A list of new residents is created and given to local churches, businesses and organizations. The list only consists of your name and address. Would you like your name added to the New Resident List? YES NO

★ 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.