



CITY OF JACKSON

City Use: Account _____ Deposit _____ CA / CK / CC
Zip4 _____

APPLICATION FOR MUNICIPAL UTILITIES - NEW BUSINESSES

Business Name: _____

Service Location: _____

Business Mailing Address: _____

City, State, Zip: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's City, State, Zip: _____

Business Phone #: _____

Other Contact #: _____ Fax # _____

E-mail Address: _____

Type of Business: _____

Sales Tax #: _____

Federal Id #: _____

Bank you have a checking account with: _____

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 agree to pay attorney fees if taken to court.

SIGNATURE: _____ **DATE:** _____

Drop off, Mail, Fax , Email to:

Attn: City Collector
101 Court Street Jackson, MO 63755
Phone # 573-243-4404
Email utilities@jacksonmo.org

City Hall fax # 573-204-8292