

APPLICATION FOR UTILITIES
City of Monett, Missouri

Name as it will appear on bill: _____

New Service Address: _____

Mailing Address (if different from residence): _____

(Street, City, State, Zip)

Last four digits of Social Security Number: _____

Home Phone Number: _____ Cell Number: _____

E-Mail Address: _____

Property Owner/Manager Name (if renting): _____

Spouse's Name: _____ Maiden Name: _____

Last four digits of Social Security Number: _____

Emergency Contact: _____

Phone Number: _____

******A CURRENT PICTURE ID IS REQUIRED******

***If you have a medical condition that requires the use of electricity and/or water, it is your responsibility to notify this office and have the required Life Support form completed by your physician and returned to our office. Life Support forms may be obtained at City Hall** (THIS DOES NOT PREVENT DISCONNECTION OF SERVICES FOR NON-PAYMENT OF UTILITIES).*

(Applicant's Signature)

(Date)

****For Office Use Only****

Account #: _____

Deposit Paid: \$ _____ (Electric)

\$ _____ (Water)