

ACCT# _____

DEP: _____

**APPLICATION FOR UTILITIES
City Of Monett**

*****Note: Any false statement or representation made in this application will lead to immediate disconnection of utilities and / or prosecution*****

Name on Account: _____ Connect date: _____

New Service Address: _____ OWN: _____ RENT: _____

Mailing Address (if different): _____
(Street, City, State, Zip)

Property Owner/Manager Name: _____ Tele# _____

Previous Address: _____

Birth Date _____ *Last (4) Social Security Number: _____ *Primary Phone: _____

*Cell Phone: _____

*Employer: _____ *Work Phone: _____

Spouse's Name: _____ Maiden Name: _____

Birth Date: _____ *Last (4)SS#: _____ *Employer: _____

Other Adults Living in Household over age of 18:

Name/Relationship: _____ DOB: _____ SS#: _____

Employer: _____ Work Phone: _____

Name/Relationship: _____ DOB: _____ SS#: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ **Relationship:** _____

Address: _____ **City:** _____ **Phone:** _____

****** A CURRENT PICTURE ID AND LEASE ARE REQUIRED ******

Have you or anyone in the household had utility service with the city of Monett before? ____yes ____no

In What Name? _____ What Dates? _____

**** 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 filled out 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: _____ **Today's Date:** _____

* Required field