

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: _____ Connect date: _____

Address _____ OWN: _____ RENT: _____

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

Property Owner/Manager Name: _____ Tele# _____

Address Moving From : _____

Birth Date _____ *Social Security Number: _____ *Primary Phone: _____

*Cell Phone: _____

*Employer: _____ *Work Phone: _____

Spouse's Name: _____ Maiden Name: _____

Birth Date: _____ *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: _____

Nearest Relative/Friend Name : _____

Relationship: _____ **Address:** _____ **Phone:** _____

****** WE REQUIRE A CURRENT PICTURE ID FOR ALL ADULTS LIVING IN THE HOME******

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

In What Name? _____ What Dates? _____

Previous Electric/Water Supplier? _____

Address: _____ Phone: _____

**** 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 utility account.**

Do you wish that personal information provided on this application form be kept confidential? ___yes ___no

Applicant's Signature: _____ **Today's Date:** _____

*** Required field**