

BOARD OF MUNICIPAL UTILITIES

Service Application
Residential Account

PLEASE TYPE OR PRINT

Applicant's Name			SS#	DOB
_____	_____	_____	_____	_____
(Last)	(First)	(Middle)		
Email Address: _____				
Employer Information				
_____			Phone#	Years Employed
(Name, Address, City, State)				
Co-Applicant's Name			SS#	DOB
_____	_____	_____	_____	_____
(Last)	(First)	(Middle)		
Email Address: _____				
Employer Information				
_____			Phone#	Years Employed
(Name, Address, City, State)				

New Address				Phone#
_____				_____
Mailing Address (if different)				
_____	_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)	

Name, Address, & Phone# of Two people outside of your household we can contact in case of an emergency.					
Name			Name		
_____			_____		
Address			Address		
_____			_____		
City	State	Phone:	City	State	Phone:
_____	_____	_____	_____	_____	_____

Names of other persons living in the home with you:	
_____	_____
_____	_____
_____	_____

Please check the correct box(es)				
_____	_____	_____	_____	_____
Renting <input type="checkbox"/>	Buying <input type="checkbox"/>	House <input type="checkbox"/>	Apartment <input type="checkbox"/>	Trailer <input type="checkbox"/>
If renting, give name and address of Landlord				

Have you ever had services with the Board of Municipal Utilities before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what address?		Approximately when?	
_____		_____	
If service was under a different name, what name?			

APPLICATION AND CONTRACT FOR SERVICE

The undersigned hereby requests the City of Sikeston, Board of Municipal Utilities to furnish electric and/or water and sanitary sewer service at the above address in accordance with its lawful rates, rules and regulations, and agrees to pay all bills for this service promptly as presented. It is also agreed that the applicant(s) will be responsible for all bills for electric and/or water and sanitary sewer service at the above until date of his/their notification that the service is to be discontinued, whether the service is used by him/them or not.

_____	Date
(Signature of Applicant)	
_____	Date
(Signature of Co-Applicant)	