

**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?	

<b>APPLICATION AND CONTRACT FOR SERVICE</b>	
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.	
(Signature of Applicant)	Date
(Signature of Co-Applicant)	Date