



BOARD OF MUNICIPAL UTILITIES
Non-Residential Utility Service Application

PLEASE TYPE OR PRINT

Applicant's New Service Address (Local Meter Location)				
Street Address			Billing Address (If different than service address)	
Facility		If Rent or Lease:		
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Lease <input type="checkbox"/>	Name of Landlord	Landlord Address
Business Name/DBA		Local Phone No.	Local Email Address	
				Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Corporation	Date Incorporated	State	Tax ID #	
List Officers/Titles:				
<input type="checkbox"/> Sole Proprietor	Date Started	State	Tax ID #	
List Applicant/Spouse Name(s), Home Address, Phone No:				
<input type="checkbox"/> Partnership	Date Started	State	Tax ID #	
List Applicant/Spouse Name(s), Home Address, Phone No:				
(1) Partner Name, Address		(2) Partner Name, Address		
<input type="checkbox"/> Government Entity	Contact Name, address			
Billing Contact		Billing Phone No.	Billing E-mail Address	
Last	First			
Other Authorized Representative - Access Account Information				
Name		Name		
Phone Number		Phone Number		
APPLICATION AND CONTRACT FOR UTILITY SERVICES				

I request utility service from the Sikeston Board of Municipal Utilities at the service address above and agree to comply with all applicable rates, rules, and regulations. I accept responsibility for payment of all charges for services provided at this address until service is properly disconnected in accordance with BMU policy and procedures.

I certify the information provided is true and correct to the best of my knowledge and understand that providing false or misleading information may result in denial or termination of services and will promptly notify BMU of any changes to the information provided.

Printed Name(s)	
Signature of Applicant	Date
Signature of Co-Applicant	Date

FOR OFFICE USE ONLY

DEPOSIT \$ _____

CSR _____