

**Sikeston Board of Municipal Utilities  
Budget Billing Enrollment Form**



**Information to be complete by Customer:**

Customer No: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please Choose One:

Levelized Billing Plan

Fixed Billing Plan

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**For office use only:**

Person Requesting Enrollment: \_\_\_\_\_

Date Enrollment Requested: \_\_\_\_\_

Identification Provided:

Photo ID

Social Security Number

Account Name, Account Number,  
Service Address, and Billing Address

CSR Signature: \_\_\_\_\_