

APPLICATION FOR UTILITIES
City of Monett, Missouri

Name as it will appear on bill: _____

2nd Name on Account: _____

New Service Address: _____

Mailing Address (if different from residence): _____

(Street, City, State, Zip)

Last four digits of Social Security Number: _____ D.O.B.: _____

Phone Number: _____

Employer: _____

E-Mail Address: _____

Property Owner/Manager Name (if renting): _____

Applications received after 3:00 p.m. will have utility service connected the following business day

Other Adult in Household: _____ Phone Number: _____

Last four digits of your Social Security Number _____ D.O.B.: _____

Emergency Contact: _____ (*Not at this residence)

Phone Number: _____

****A CURRENT PICTURE ID IS REQUIRED****

Account WILL NOT be set up if application is incomplete.

(Applicant's Signature) _____ (Date) _____

****For Office Use Only****

Transfer Deposit from Account # _____ Deposit Paid \$ _____ (Electric)

Receipt # _____ \$ _____ (Water)

****Scan Receipt****