

ROCK PORT MUNICIPAL UTILITIES CUSTOMER APPLICATION

APPLICANT

CO-APPLICANT (Other Adult in Household)

ADDRESS

SOCIAL SECURITY #

SOCIAL SECURITY #

HOME PHONE

DATE OF BIRTH

DATE OF BIRTH

NUMBER IN HOUSEHOLD

CELL PHONE

CELL PHONE

EMPLOYER

EMPLOYER

WORK PHONE

WORK PHONE

Do you own or rent this property?

If you rent, who owns the property?

Landlord's telephone no.

Do you have pets?

How many Dogs/Cats?

What breed?

CONTACT PERSON

CONTACT ADDRESS

CONTACT TELEPHONE

CUSTOMERS ARE LIABLE FOR ALL LEGAL AND COLLECTION FEES.

Applicants contractually agree to pay all electric, water and sewer charges to Rock Port Municipal Utilities until said applicants have terminated service at this residence/business. Applicants hereby agree to abide by all rules, regulations and policies established by said Utilities, and any hereafter established. Rock Port Municipal Utilities reserves the right to discontinue services at this residence/business without further notice if rules, regulations and policies have not been followed.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

DEPOSIT AMT.

RECEIPT #

ACCOUNT #