

**BUSINESS UTILITY SERVICE APPLICATION
CITY OF ODESSA, MISSOURI
125 S 2nd Street
Odessa, MO 64076
FAX: 816-633-4985**

BUSINESS APPLICANT INFORMATION

Name:	_____	Phone #:	_____
TAX ID #:	_____	EMAIL:	_____
Employer:	_____	Work Phone:	_____
Employer Address:	_____		

SERVICE LOCATION

Service Address:	_____	Own or Rent:	_____
Billing Address:	_____		
Emergency Contact:	_____	Phone:	_____
Landlord Name:	_____		

SERVICES REQUESTED:

<i>ELECTRIC</i>	<i>WATER</i>	<i>SEWER</i>	<i>Business LIC #</i>	<i>Deposit Amount</i>

All residential customers pay trash. If you pay water, you will also pay sewer.

I/We hereby request utility service at the above service address to begin on _____. I/We agree to accept responsibility for the utility service from that time. I/We agree to abide by the rules and regulations of the City now in force, or hereafter to be fixed by the City, relating to the operation of its Municipal Utilities. I/We agree to pay for all utility services received from or contracted by the City as applicable to the above listed service address. I/We further agree to deposit the required sum as indicated above, as security for the payment of any sum that I/We may owe the City of Odessa. This contract is effective from this date until the date service is disconnected, upon request by the applicant or discontinued by the City.

I/We understand the billing and collection procedures of the City of Odessa, Missouri, and hereby acknowledge receiving a copy of those procedures.

Note: Information regarding your utility services account with the City of Odessa, Missouri, including the name and address of the account holder, the service location, your payment history and payment status is public information subject to public disclosure. Closed from public disclosure shall be personal identification numbers (i.e. social security numbers, driver's license, bank account) and all other similarly private information necessary to protect the security of transactions between the City and its utilities customers (and any other person or entity doing business with the City's Municipal Utilities Department).

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date

OFFICE USE ONLY

Account #: _____	Deposit Receipt #: _____	Received by: _____
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