



# Utility Application

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.

Today's Date: / /

Service Address: \_\_\_\_\_ Rent:  Own:

SERVICE START DATE: / /

Electric:  Water:  Sewer:  Trash:

Mailing Address  
(if different from service address) \_\_\_\_\_

## APPLICANT INFORMATION

Applicant/Business Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Social Security: -- Date of Birth : / /

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Email : \_\_\_\_\_

Employer: \_\_\_\_\_ Work # : \_\_\_\_\_

Employer Address: \_\_\_\_\_

## CO-APPLICANT INFORMATION

Applicant/Business Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Social Security: -- Date of Birth : / /

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Email : \_\_\_\_\_

Employer: \_\_\_\_\_ Work # : \_\_\_\_\_

Employer Address: \_\_\_\_\_

Emergency Name and Contact: \_\_\_\_\_

Would you prefer your bill:  
Email:  Mail:  Both:

Landlord Name and Phone #: \_\_\_\_\_

I/We agree to accept responsibility for the utility service from the time listed above and 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 the service start date until the date service is discontinued, upon request by the applicant or discontinued by the City, and all associated fees are paid in full.

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

Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

## \*\*\*BUSINESS OWNERS INFORMATION\*\*\*

Tax Exempt Status:

Name:  Tax ID:  Yes  No

## \*\*\*OFFICE USE ONLY\*\*\*

Account Number: \_\_\_\_\_

Office Staff Initials : \_\_\_\_\_

Deposit Amount and Receipt #: \_\_\_\_\_ In-Office:  Phone:  Check #: