

West Plains City utilities  
P.O. Box710  
1910 Holiday Lane  
West Plains, MO 65775  
417-256-7176, fax 256-4953

**The Customer Acknowledges and Agrees that:**

1. In consideration of the service provided and hereby requested by the customer, the customer shall promptly pay for all services at rates established by the Ordinance of the City of West Plains at the time the services are provided.
2. Any billing statement shall be deemed a final and accurate account stated as provided by Ordinance, or otherwise, upon the mailing of the next following statement unless the customer during the intervening period notifies City Utilities of error or irregularities.
3. The customer shall protect City property on the premises served by the account from unnecessary damage, and to allow access to such property by duly authorized personnel during all reasonable hours.
4. Delinquent bill collection costs will be assessed to the customer.
5. The customer understands that his/her social security number and/or driver's license information will be used only for collection purposes.
6. The customer shall abide by and comply with the code of Ordinance of the City of West Plains as its utility customer.
7. By requesting utilities, the customer is stating that they are authorized occupant(s) of said address.

**A Copy of Photo Identification Required**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Address to be Connected: \_\_\_\_\_

Date for utility connection: \_\_\_\_\_ Owner of property: \_\_\_\_\_

Address where monthly bills should be mailed: \_\_\_\_\_

Best contact Phone Number: \_\_\_\_\_ Social Security # (Last 4 ONLY): \_\_\_\_\_

D.O.B: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Address of previous residence: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

In case of Emergency, notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nearest relative not living with you: \_\_\_\_\_

Spouse/Roommate (Only if they are to be listed on utility account): \_\_\_\_\_

Spouse/Roommate Maiden Name: \_\_\_\_\_

Spouse/Roommate Social Security # (Last 4 ONLY): \_\_\_\_\_

Spouse/Roommate Drivers License #: \_\_\_\_\_ D.O.B \_\_\_\_\_

Spouse/Roommate Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**I certify that all information is accurate to the best of my knowledge, and I agree to all terms. A signature is required to disconnect all utility service.**

Warning: Any fals information may lead to a "Class B" misdemeanor which carries a \$50 to \$500 fine and/or six months in Jail.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Roommate Signature (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_