

West Plains City Utilities
P.O. Box 710
1910 Holiday Lane
West Plains, MO 65775
417-256-7170, 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 Ordinances 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 statement 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 will 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 Ordinances of the City of West Plains.
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 false 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:** _____