

HANNIBAL BOARD OF PUBLIC WORKS
APPLICATION FOR UTILITY SERVICE

EFFECTIVE DATE _____

THE UNDERSIGNED _____
HEREBY MAKES APPLICATION TO THE BOARD OF PUBLIC WORKS FOR: ELECTRIC WATER SEWER SERVICE AT
SERVICE ADDRESS _____ TELEPHONE NUMBER _____
 INSIDE CITY LIMITS OUTSIDE CITY LIMITS ALTERNATE PHONE NUMBER _____

BILLING ADDRESS _____ TELEPHONE NUMBER _____
EFFECTIVE ON _____ THE ABOVE PARTY AGREES TO PAY FOR ALL BILLED SERVICES AND TO COMPLY WITH THE
CURRENT RATES, POLICIES AND REGULATIONS OF THE BOARD OF PUBLIC WORKS, HANNIBAL, MO.
ANY NONCOMPLIANCE AND / OR NONPAYMENT SHALL BE CAUSE FOR DISCONTINUANCE OF UTILITY SERVICE.

CUSTOMER INFORMATION

UTILITY CLASSIFICATION RESIDENTIAL COMMERCIAL INDUSTRIAL
TYPE OF BUSINESS _____ TAX EXEMPT YES NO
EMPLOYER _____ WORK PHONE NUMBER _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH _____
SPOUSE'S NAME _____ EMPLOYER _____

RENTAL INFORMATION

OWNER'S NAME _____ TELEPHONE NUMBER _____
ADDRESS _____

THE UTILITY CLASSIFICATION, AS PER THE "UTILITY DEPOSIT POLICY" REQUIRES A UTILITY DEPOSIT AMOUNT OF \$ _____
TO BE PAID BY CURRENCY / CHECK IRREVOCABLE LETTER OF CREDIT SURETY BOND

THE UTILITY DEPOSIT IS REQUIRED AT THE TIME OF ACTIVATION AND WILL BE APPLIED TO THE ACCOUNT UPON FINAL BILLING.
THE UTILITY DEPOSIT CANNOT BE USED IN LIEU OF PAYMENT FOR A REGULARLY MONTHLY BILLING.

BY SIGNING, I HEREBY APPLY FOR UTILITY SERVICE, ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THIS APPLICATION.



APPLICANT'S SIGNATURE

BOARD OF PUBLIC WORKS REPRESENTATIVE

DATE _____

DATE _____

METER DEPOSIT RECORD

NAME _____

ADDRESS	DEP. DATE	ELECTRIC	WATER	SEWER	REF. DATE	ELECTRIC	WATER	SEWER
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ACCOUNT NUMBER _____ SIGNED _____ DATE _____

ADDRESS	DEP. DATE	ELECTRIC	WATER	SEWER	REF. DATE	ELECTRIC	WATER	SEWER
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ACCOUNT NUMBER _____ SIGNED _____ DATE _____

ADDRESS	DEP. DATE	ELECTRIC	WATER	SEWER	REF. DATE	ELECTRIC	WATER	SEWER
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ACCOUNT NUMBER _____ SIGNED _____ DATE _____

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