City of Mt. Vernon 319 E. Dallas P.O. Box 70 Mount Vernon, MO 65712 (417) 466-2122

APPLICATION FOR RESIDENTIAL UTILITIES

Address Moving 10 or Property	Purchase Location:		MI. Vernon, Missouri
Is this address: All Electric	Gas & Electric	Mailing Address if different:	
□ OWN □ RENT	☐ OWNER FINANCE/CONT	TRACT FOR DEED (See end note regarding	deposit requirement)
LANDLORD:		Effective Date: _	
Address moving from:			-
(Street	, City, State, Zip)		
Name You Will Want On Your (1 ST NAME LISTED INFORMATIO	Utility Bill:		
Birth Date:	Social Security Number:	Home Phone:	
Place of Employment:		Cell Phone: Work Phone:	
	(Name, City, State, Zip)	Email Address:	
Spouse's Name:			
Birth Date:	Social Security Number:	Cell Phone:	
	-		
Place of Employment:		Work Phone:	
Place of Employment:	Social Security Number:	Work Phone:	
		on prior to a scheduled Electric or Water s [edical Condition Trea	
	ne:		
	(IN CASE OF EMERGENC		
*****WE REQUIR	E A COPY OF THE DRIVER'S	LICENSE OF ALL ADULTS LIVING IN	THE HOUSEHOLD*****
Have you or anyone in the hous	sehold had utility service with the G	City of Mt. Vernon before?Yes	No
In What Name(s)?		What Dates?	
Do you or anyone in the househ	old own any animals that have bee	en known to bite people? Yes	No
If yes where will the animal be	kept during business hours?		
Did we give you a privacy polic	cy form along with the application	? Yes No	Initial
Your Deposit with the City of	Mt. Vernon will be:	_	
I have read the above informa Mt. Vernon, Missouri to furn		ne terms. I understand my acceptance is in	ducement for the City of
Applicants Signature:		Date:	
Employees Signature: i			

 $^{^{\}mathrm{i}}$ ***OWNER FINANCE/CONTRACT FOR DEED IS TREATED AS RENTAL AND REQUIRES A UTILITY DEPOSIT