

CITY OF CABOOL
618 MAIN STREET, PO BOX 710
CABOOL, MO 65689
PHONE 417-962-3136 FAX 417-962-5144

APPLICATION FOR UTILITY SERVICE
(PHOTO ID REQUIRED & COPY OF LEASE AGREEMENT REQUIRED)

Customer Name: _____ Soc Sec # or D.L.#: _____

Street Address: _____ Mailing Address: _____

Names of EVERYONE to be living at this address: _____

Home Phone: _____ Work Phone: _____

Name of Employer: _____ Name of Bank: _____

Previous Address: _____

Previous Utility Company: _____

Do You Rent or Own This Property? Rent _____ Own _____

If this is a rental, who is the property owner? _____
(Please provide copy of lease agreement)

Owner's Address: _____ Owner's Phone #: _____

What is the primary heat source? Gas _____ Wood _____ Electric _____

.....
Name of a friend or family member to notify in case of an emergency:

_____ Phone #: _____ Address: _____

.....
I understand and agree to pay for utilities provided by the City of Cabool. These utilities are due and payable the 1st day of each month, a 10% penalty will apply after the 10th, and will be disconnected on the 16th of the month at 10:00 a.m. if not paid in full. To reconnect services, the following are required: \$10.00 per meter non-payment fee, new utility deposits, and all utilities paid in full.

SIGNATURE: _____ DATE: _____

GARBAGE SERVICE (REQUIRED): Polycart \$11.95 per month (cart provided)

****ANY FALSIFIED OR INCOMPLETE INFORMATION MAY RESULT IN DISCONNECTION OF UTILITY SERVICES****

