



BOARD OF MUNICIPAL UTILITIES
Residential Account Service Application

PLEASE TYPE OR PRINT

Applicant's New Service Address		If renting, print name of your landlord	
Street Address	Mailing Address (If different than service address)	Name	
Please check the box(es) that apply:			
Renting <input type="checkbox"/>	Buying <input type="checkbox"/>	House <input type="checkbox"/>	Apartment <input type="checkbox"/>
			Duplex <input type="checkbox"/>
Applicant's Name (1 st person listed on the lease or purchase paperwork)		SS #	DOB
Last	First	Middle	
Phone	Email Address	Marital Status	
Co-Applicant's Name (2 nd person listed on the lease or purchase agreement)		SS #	DOB
Last	First	Middle	
Phone	Email Address	Relationship to the Applicant	
Emergency Contacts: Name and Phone # of someone living outside of your household			
Name		Name	
Phone Number		Phone Number	
Has applicant had services with the Board of Municipal Utilities before?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, approximately when:	If yes, what address?
		If yes, what name was on the account?	
Has co-applicant had services with the Board of Municipal Utilities before?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, approximately when:	If yes, what address?
		If yes, what name was on the account?	
APPLICATION AND CONTRACT FOR RESIDENTIAL SERVICE			

The undersigned hereby requests the Sikeston Board of Municipal Utilities to furnish electric and/or water and sanitary sewer service at the above service address in accordance with its lawful rates, rules and regulations, and agrees to pay all bills for this service promptly as presented. It is also agreed that the applicant(s) will be responsible for all bills for electric and/or water and sanitary sewer service at the above service address until date of service disconnection, whether the service is used by them or not.

Signature of Applicant	Date
Signature of Co-Applicant	Date

FOR OFFICE USE ONLY

DEPOSIT \$ _____

CSR _____