

Sikeston Board of Municipal Utilities

107 E Malone Ave, Sikeston MO | 573-471-3328



Name: _____

Phone #: _____

Address: _____

Customer #: _____

I understand I owe \$ _____ on my utility account as of the date of this agreement. By signing this document, I am agreeing to the payment arrangements listed below:

PAYMENT ARRANGEMENT:

I UNDERSTAND THAT FAILURE TO ABIDE BY THE TERMS OF THIS AGREEMENT WILL RESULT IN DISCONNECTION OF MY UTILITY SERVICES AND WILL NOT BE RECONNECTED UNTIL THE ENTIRE BALANCE IS PAID IN FULL INCLUDING THE \$25 RECONNECT FEE.

Signature: _____

Date: ____ / ____ / ____

MM DD YY

Office Use Only

Identity Confirmed By: _____

Customer Service Supervisor: _____

Customer Service Manager: _____