

**Sikeston Board of Municipal Utilities
Budget Billing Enrollment Form**



Information to be complete by Customer:

Customer No: _____

Name: _____

Service Address: _____

Billing Address: _____

Email Address: _____

Phone Number: _____

Please Choose One:

Levelized Billing Plan

Fixed Billing Plan

For office use only:

Person Requesting Enrollment: _____

Date Enrollment Requested: _____

Identification Provided:

Photo ID

Social Security Number

Account Name, Account Number,
Service Address, and Billing Address

CSR Signature: _____