

**APPLICATION FOR UTILITY SERVICE
CITY OF BETHANY, MISSOURI**

Name (Last)	(First)	(M.I.)	Date of Birth	Social Security No
Home Telephone	Marital Status (circle one) M D W S		Address Utilities Needed	Date Utilities Needed
Residential () Commercial () Rural () Other (Explain)				

List **ALL** persons who will be living in your home listing head of household first.

Adults (Legal Name)	Date of Birth	Relationship To Head Of Household	Social Security No.	Indicate If Married (M) Widowed (W) Separated (S) Divorced (D) Year:
1.				Year:
2.				Year:
3.				Year:
4.				Year:

CHILDREN (name as it appears on Social Security Card)	Date of Birth	Relationship To Head Of Household	Social Security No.	School Name
1.				
2.				
3.				
4.				

Have you or any adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?
 Example: Maiden name, other marriages, etc. Yes () No ()
 If yes, explain below: _____

Have you previously had utility service in the City of Bethany? Yes () No ()
 Under what name(s) _____
 Do you currently have utility service in the City of Bethany? Yes () No ()
 If yes, at what address? _____ Under what name(s) _____

EMPLOYER INFORMATION

Name _____ Phone _____

JOINT APPLICANT

Name (Last)	(First)	(M.I.)	Date of Birth	Social Security No
Employer			Business Phone	
Have you previously had utility service in the City of Bethany? Yes () No () Under what name(s) _____				
Do you currently have utility service in the City of Bethany? Yes () No () If yes, at what address? _____ Under what name(s) _____				

The undersigned agrees that he or she is responsible for payment of utility service at the address requested above and that he or she or any other residents of the home, are not, at the time of signing in arrears to the City of Bethany for past due or delinquent utility bills, and do not owe the City of Bethany any money from any source. Should it be necessary to refer this account to an attorney for collection, the undersigned agrees to pay all applicable attorneys' fees and other fees necessary for collection, including court costs and interest. Any statements made and found to be false at a later date may result in immediate termination of utility service.

* Bills are sent out on or before the last day of each month and due the 15th of the following month. Bills not paid by the 15th will be subject to a 7.5% penalty. Failure to pay a bill before the 4th Wednesday of each month by 8 a.m., will result in service disconnection. There is a \$100.00 reconnect fee required prior to service restoration. An additional thirty-dollars (\$30.00) reconnect fee will be due if reconnection is requested after 5 p.m. weekdays or on weekends and holidays. Once utility service has been disconnected per the terms of this subparagraph, a new application for service may be requested before service is restored.

ALL SIGNATURES ARE REQUIRED BEFORE ANY UTILITY SERVICE IS PROVIDED

Applicant's Signature

Date

Joint Applicant's Signature

Date

Approved this _____ day of _____, 20 _____

City Clerk