



# City of De Soto

17 Boyd St  
De Soto, MO 63020  
Phone: 636-586-3326 Fax: 636-586-9201

## APPLICATION FOR UTILITY SERVICE

Account # \_\_\_\_\_  New  Update  Own  
Name on Account \_\_\_\_\_  Rent  
Service Address \_\_\_\_\_  Business  
Mailing Address (if different) \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_  
(last) (first) (mi)  
Home Phone ( ) - Date of Birth / /  
Driver's License or SS# \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone ( ) -  
Previous City Service Addresses \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_ Dates \_\_\_\_\_

### Co-Applicant Information (spouse or co-occupant)

Name \_\_\_\_\_  
(last) (first) (mi)  
Home Phone ( ) - Date of Birth / /  
Driver's License or SS# \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone ( ) -  
Previous City Service Addresses \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_ Dates \_\_\_\_\_

I do hereby acknowledge that all information given in this application is true and accurate to the best of my knowledge and that I understand that my service is subject to termination if any information that I have given has been falsified. Also, I do hereby acknowledge that I am at least 18 years of age.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

**Emergency Contact Information**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Landlord Information (if applicable)**

Name \_\_\_\_\_  
(last) (first) (mi)

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**OWNERS OF RENTAL PROPERTY**

Per City Code, Section 700.110, the occupant and owner of premise are liable for payment of services and Section 700.120 authorizes the City to place a lien against real property for any uncollected payment of services.

Please List All Rental Property Owned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY</b>		
ID VERIFICATION	<input type="checkbox"/> License	<input type="checkbox"/> Other _____
LEASE/DEED VERIFICATION	<input type="checkbox"/> Lease	<input type="checkbox"/> Deed
DEPOSIT PAID <input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Transfer from _____
APPROVED BY	_____	