



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

APPLICATION FOR UTILITY SERVICE

Account # _____ New Update Own
Service Address _____ Rent
Mailing Address (if different) _____ Business

Applicant Information

Name _____
(last) (first) (mi)
Home Phone () - Date of Birth / /
Driver's License or SS# _____
Place of Employment _____ Phone () -

Emergency Contact Information

Name _____ Phone () -

Landlord Information (if applicable)

Name _____
(last) (first) (mi)
Address _____
Home Phone () -

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 _____

OFFICE USE ONLY
ID VERIFICATION License Other _____
LEASE/DEED VERIFICATION Lease Deed
DEPOSIT PAID Cash Check Credit/Debit Card
APPROVED BY _____