

**CITY LIGHT & WATER**

124 W MAIN/P.O BOX 549 OFFICE 573-783-2154  
FREDERICKTOWN MO 63645 FAX 573-783-5152

**APPLICATION FOR RESIDENTIAL SERVICE**  
**ALL INFORMATION MUST BE COMPLETED**

Date: \_\_\_\_\_ New  Transfer

**Please print:**

Applicant Name: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_ S.S.

#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Drivers

Lic.#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work

Phone: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_ S.S.

#: \_\_\_\_\_

Drivers

Lic.#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work

Phone: \_\_\_\_\_

Number of occupants living in the household: \_\_\_\_\_

List all adult members that will be living in the

household: \_\_\_\_\_

Have you ever had services with City Light & Water utilities? Yes  No

If yes, what was the previous address? \_\_\_\_\_

**Requested Service**

Address: \_\_\_\_\_

Possession Date: \_\_\_\_\_

Mortgage  Contract  Rent  Other

Name of Landlord/Mortgage

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Relative Not Living With

You: \_\_\_\_\_

Address: \_\_\_\_\_

Phone

#: \_\_\_\_\_ Relationship: \_\_\_\_\_

IF BILL IS TO BE MAILED TO ANOTHER ADDRESS, LIST BELOW:

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

PLEASE CHECK TYPE OF HEATING:

ELECTRIC       GAS       OTHER

**I understand that any unpaid balances from previous addresses will be transferred to this account.**

**I understand that it is my responsibility that all breakers and faucets be turned off prior to connect.**

**I wish for any available utility deposits of mine currently on file, to be kept for this address.**

By signing below, I verify that the above information is correct to the best of my knowledge:

\_\_\_\_\_

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|                     |      |                        |      |
|---------------------|------|------------------------|------|
| Applicant Signature | Date | Co-Applicant Signature | Date |
|---------------------|------|------------------------|------|

**OFFICE USE ONLY**

Account Number: \_\_\_\_\_ Deposit Rec. Number: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash:       Received by: \_\_\_\_\_

Handout     Work order     Copy-ID     Copy-rent/deed     Agreement     Inspection papers   
Completed by \_\_\_\_\_