

MUNICIPAL UTILITIES - POPLAR BLUFF, MISSOURI

ITEMS 1 through 10 must be completed. Must be signed by applicant and/or spouse.

1. NAME (print) _____
First Middle Last Date of Birth
- *2. Service Address _____ Telephone No. _____
3. Mailing Address _____
4. Driver's License # _____ Social Security # _____
5. Name & Address of Present Employer _____
6. Spouse's Name _____ Social Security # _____
7. Spouse's Employment _____
8. Landlord's Name _____ Telephone No. _____
9. Parent's Name (Students only) _____
Address _____
Street/Route Box # City State Zip
10. Do you rent your property? _____ OWN? _____ Buying from _____
Name of other persons living in your home _____

Name, Address and phone number of two (2) people outside your household we can contact in case of emergency

I agree that the services rendered by The Municipal Utilities Department and my obligation to reimburse said department for these services shall be in accordance with the Poplar Bluff City Ordinances and Municipal Utilities rules and regulations.

CORPORATION

Signed: _____
Officer of Corporation Date

TITLE

CORPORATION'S NAME

ADDRESS

TELEPHONE NUMBER

INDIVIDUAL OR PARTNERSHIP

Signed: _____
Name Date

COMPANY NAME

ADDRESS

TELEPHONE NUMBER

EMPLOYEE ACCEPTING APPLICATION

*A ONE HUNDRED PERCENT (100%) SERVICE CHARGE WILL BE ADDED TO ALL WATER BILLS FOR SERVICE OUTSIDE THE CITY LIMITS.