

**APPLICATION FOR UTILITY SERVICE**

CITY OF NEW MADRID/MUNICIPAL LIGHT & POWER,  
560 MOTT ST., P.O. BOX 96  
NEW MADRID, MO 63869  
PHONE (573) 748-2458

APPLICANT'S NAME \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_  
DATE SERVICE NEEDED \_\_\_\_\_ (WILL BE BETWEEN 3PM & 4:30PM & YOU MUST BE AT SERVICE LOCATION)  
MAILING ADDRESS (IF DIFFERENT THAN SERVICE LOCATION) \_\_\_\_\_  
HAVE YOU EVER HAD UTILITY SERVICE WITH US? \_\_\_\_\_ IF SO UNDER WHAT NAME? \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_  
DRIVER'S LIC. # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
MARITAL STATUS: MARRIED \_\_\_\_ DIVORCED \_\_\_\_ WIDOWED \_\_\_\_ SINGLE \_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SPOUSE'S NAME (IF OCCUPYING PREMISES) \_\_\_\_\_  
DRIVER'S LIC. # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CHILDREN'S FIRST & LAST NAME(S) \_\_\_\_\_ DATE(S) OF BIRTH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER OCCUPANTS	DATE(S) OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER WHO WILL OCCUPY THE UNIT \_\_\_\_\_ RENTING (\_\_\_\_) BUYING (\_\_\_\_)  
IF RENTING, NAME OF OWNER/LANDLORD \_\_\_\_\_  
ADDRESS \_\_\_\_\_ (COPY OF RENT RECEIPT REQUIRED)

*IF TWO OR MORE INDIVIDUALS SHARE A RESIDENCE, ONE PERSON MUST SIGN AS APPLICANT AND OTHERS AS CO-APPLICANT(S). BOTH WILL BE RESPONSIBLE FOR THE BILL. THE CITY RESERVES THE RIGHT TO REQUIRE ANY UNPAID BALANCES BY EITHER/OR BOTH APPLICANTS TO BE PAID PRIOR TO ISSUANCE OF SERVICE. A METER DEPOSIT WILL BE REQUIRED AT THE TIME OF THE APPLICATION.*

*I CERTIFY THAT I AM THE PROPOSED OCCUPANT AND THAT THE ANSWERS GIVEN HERE ARE TRUE AND ACCURATE IN ALL RESPECTS TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A CREDIT CHECK WILL BE RUN ON ALL OCCUPANTS AND DEPOSIT APPLIED ACCORDINGLY.*

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

PAST DUE ACCOUNT(S) Y \_\_\_\_\_ N \_\_\_\_\_ PAID? Y \_\_\_\_\_ N \_\_\_\_\_ RENT RECEIPT \_\_\_\_\_ ALL ID'S PROVIDED \_\_\_\_\_

RESULTS OF CREDIT CHECK \_\_\_\_\_ DEPOSIT COLLECTED \$ \_\_\_\_\_

RULES SHEET GIVEN \_\_\_\_\_ IS APPLICANT ELIGIBLE FOR SENIOR CITIZEN DISCOUNT \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ IF YES, NEED APP. \_\_\_\_\_

IF NEW CONSTRUCTION, HAS CUSTOMER OBTAINED BUILDING PERMIT? \_\_\_\_\_  
IF NEW BUSINESS HAS CUSTOMER OBTAINED CITY BUSINESS LICENSE? \_\_\_\_\_  
IF NEW TRAILER, PLACEMENT PERMIT OBTAINED? \_\_\_\_\_