

City Hall Office  
250 S. Main Street  
Peculiar, MO 64078



Phone: 816-779-2223  
Fax: 816-779-1004

**Responsible Party (Please include a clear copy of a Photo ID)**

Print Full Name \_\_\_\_\_  
Are you the: Owner  Tenant  Property Mgr   
Service Address \_\_\_\_\_  
Mailing Address (if different from service address) \_\_\_\_\_  
Date Service Wanted \_\_\_\_\_ Home/Cell Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employers Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ How Long \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**2nd Responsible Party (Please include a clear copy of a Photo ID)**

Spouse/Roommate Information  
Print Full Name \_\_\_\_\_  
Are you the: Owner  Tenant  Property Mgr   
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home/Cell Phone # \_\_\_\_\_ Name of Employer \_\_\_\_\_  
Employers Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ How Long \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Please list anyone else who will be living at this address:

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

Previous Address \_\_\_\_\_  
How Long \_\_\_\_\_ Date Service Ended \_\_\_\_\_

**IF RENTING RESIDENTIAL PROPERTY: (Please list landlord and include a copy of your lease agreement.)**

Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I agree to pay for all services billed to me, for which I am responsible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date of Deposit _____	Cash _____ Card _____
Amount of Deposit _____	Account # _____