

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



Phone: 816-779-2222
Fax: 816-779-1004
Email: uclerk@cityofpeculiar.com

Responsible Party - Please include a clear copy of your photo ID

Print Full Name: _____

You are the: Owner Tenant Property Manager

Service Address: _____

Mailing Address: _____
(If different than service address)

Service Start Date: _____ Phone #: _____

Cell Phone #: _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Employer's Name: _____

Employer's Address: _____

2nd Responsible Party - Please include a clear copy of your photo ID

Print Full Name: _____

You are the: Spouse Roommate Other

Phone #: _____ Cell Phone #: _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Please list the number of people living in this dwelling: _____

Previous Address: _____

How Long?: _____ Date Service Ended: _____

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

Landlord's Name: _____ Phone #: _____

Address: _____

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

Signature: _____ Date: _____

Signature: _____ Date: _____

CASH OFFICE USE ONLY

Deposit Date: _____ Cash: _____ Credit Card: _____

Deposit Amount: _____ Account Number: _____