



109 N Hickory St
PO Box 70
Mount Vernon, MO 65712
Phone: 417.466.2122
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APPLICATION FOR COMMERCIAL UTILITES

Business Name: _____ Phone: _____

Business Address: _____

Business Description: _____

Owner Renter – Landlord Name: _____

Utility Bill Name: _____ Requested Service Date: _____

Mailing Address: _____

Paper Bill OR E-mail Bill – E-mail Address: _____

Business Owner/Manager: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Missouri Sales Tax ID: _____ Federal Tax ID: _____

Emergency Contact: _____ Phone: _____

FOR OFFICE USE ONLY

Business Zoning District: _____

ESTIMATED USAGE

Water: _____ Gallons/Month Electrical: _____ Voltage/Amp / 1Ø or 3Ø

APPROVED BY:

Code Enforcement Signature

Date

Director of Public Works Signature

Date

******REQUIRED******

IDENTIFICATION FOR ALL BUSINESS OWNERS

Has the person(s) in charge of the business, previously had utilities with the City of Mount Vernon? ___Yes ___No

If yes:

Name(s): _____ Date(s): _____

Did you receive a privacy policy with this application? ___Yes ___No Initial: _____

Deposit Amount: \$ _____

I have read the above information. I understand and accept the terms. I understand that utilities will not be transferred until application is completed to the satisfaction of the City. I understand my acceptance is inducement for the City of Mt. Vernon, Missouri to furnish me utilities.

Applicant Signature: _____ Date: _____

Employee Signature: _____ Date: _____