



109 N Hickory St
PO Box 70
Mount Vernon, MO 65712
Phone: 417.466.2122
Fax: 417.466.2513

APPLICATION FOR RESIDENTIAL UTILITIES

Account Name: _____ Phone: _____

Service Address: _____ Mount Vernon, MO 65712

Mailing Address: _____

Birth Date: _____ Social Security Number: _____

Employer: _____ Phone: _____

Have you previously had utilities in Mount Vernon? ____ Yes ____ No Do you? Own OR Rent

All Electric OR Gas & Electric **Your deposit will be:** _____

Connection Date: _____ Utility Bill: Paper OR Email Address: _____

Spouse or Other Adult Household Member:

Name: _____ Phone: _____

Birth Date: _____ Social Security Number: _____

Employer: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Is there anyone in the home that would require notification prior to a utility cut-off? ____ Yes ____ No

I/We agree to abide by the City of Mount Vernon's policies and ordinances pertaining to utility services, that all the above information is true and accurate, and that I/We are responsible for all billings until services are discontinued.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____