

City of De Soto

17 Boyd St
De Soto, MO 63020
Phone: 636-586-3326 Fax: 636-586-9201

APPLICATION FOR UTILITY SERVICE

Account # _____ New Update Own
Service Address _____ Rent
Mailing Address (if different) _____ Business

Email Address _____

Yes, I would like to receive my bill via e-mail. I understand that I will not receive a paper copy through the mail.

No, please send my bill to the mailing address listed above.

Applicant Information

Name _____
(last) (first) (mi)

Home Phone () - Date of Birth / /

Driver's License or SS# _____

Place of Employment _____ Phone () -

Emergency Contact Information

Name _____ Phone () -

Landlord Information (if applicable)

Name _____
(last) (first) (mi)

Address _____

Home Phone () -

I do hereby acknowledge that all information given in this application is true and accurate to the best of my knowledge and that I understand that my service is subject to termination if any information that I have given has been falsified. Also, I do hereby acknowledge that I am at least 18 years of age.

Applicant _____ Date _____

OFFICE USE ONLY

ID VERIFICATION	<input type="checkbox"/> License	<input type="checkbox"/> Other _____
LEASE/DEED VERIFICATION	<input type="checkbox"/> Lease	<input type="checkbox"/> Deed
DEPOSIT PAID <input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit/Debit Card
APPROVED BY		