

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



Phone: 816-779-2222
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 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 _____

Name of Employer _____

Employer 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 _____

OFFICE USE ONLY

Date of Deposit _____ Check _____ Cash _____ Credit Card _____

Amount of Deposit _____ Account No. _____