

**UTILITY SERVICE APPLICATION  
TO THE CITY OF WESTON, MISSOURI**

**Applicant Information:**

Name: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
M-D-Y

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

---

**Co-Applicant Information:**

Name: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
M-D-Y

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

---

**Utility Service Information:**

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I / We will: Rent this Property \_\_\_\_\_ or Own this Property \_\_\_\_\_

# of Adults Residing in Home: \_\_\_\_\_ Children: \_\_\_\_\_

---

---

**Landlord Information:**

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

---

**Emergency Contact Information:**

Relative's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**UTILITY SERVICE APPLICATION  
TO THE CITY OF WESTON, MISSOURI**

**(All information will be kept confidential)**

I / We hereby request utility service at the above service address to begin on \_\_\_\_\_ .

I / We agree to accept responsibility for the utility service at that time.

I / We agree to abide by the rules and regulations of the City now enforce, or hereafter to be fixed by the city, relating to the operation of its Municipal Utilities.

I / We agree to pay for utilities received, used or wasted at the above address during the period of this contract.

I / We further agree to deposit: Owner Residing in Property-\$125.00; Renting or Leasing Property-\$175.00, as security for the payment of any sum that I may owe the City of Weston.

The undersigned does agree to pay, in full, all balances due for utilities billed within net **10 days** of each utility bill and that all unpaid & delinquent balances shall accrue interest at the rate of **15%** per annum, in addition to cost of collections including attorney fees.

Please also be advised that it is policy of the City that anyone with an unpaid utility balance will not be eligible for city services until balance is fully satisfied.

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Co-Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

---

---

**Office Use Only**

Utility Deposit Paid : \_\_\_\_\_ Utility Deposit Posted : \_\_\_\_\_