

* {FOR: BUSINESS}



**City of Canton, Missouri
Application for Utility Service**

Phone: 573-288-4413 * Fax: 573-288-3738

NAME OF BUSINESS: _____ EIN #: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE #: _____

MAILING ADDRESS: _____

BUSINESS OWNER: _____ ADDRESS: _____

SSN: _____ Date of Birth: _____ Owner's Phone #: _____

If Renting: Landlord's Name: _____ Landlord's Phone #: _____

TYPE OF BUSINESS: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

I hereby apply for utility services with the City of Canton and agree to comply with all ordinances, rules and regulations as prescribed by the City of Canton. I hereby declare that all information I have listed above is true and correct to the best of my knowledge. Should any information stand to be false, I understand that my services shall and will be interrupted immediately. Unpaid balances will be turned over to a collection agency. I agree to permit the City of Canton and their business associates to contact me, and all other responsible parties on my account, via our cell phone or other mobile devices concerning any and all aspects of my account.

Applicant's Signature

Date:

Documents Required

Official Use Only – Must Obtain the following:

1. Picture of I.D. of all responsible parties
2. Social Security Numbers for all responsible parties
3. Seventy-five (\$75.00) Deposit
4. **NOTE:** *Someone must be at the Service Address at the time of connection !!!!*
Hours of connection are: 8:00 AM - 11:30 AM and 12:00 PM – 4:00 PM
5. **Prepare Work Order(s) & Fax to Public Works**