City of Canton

Application for Utility Service—Residential

Submit at Canton City Hall (in person or in drop slot), email to cantoncollector@centurytel.net, Fax to 573-288-3738, or mail to PO Box 231, Canton MO 63435. \$75 deposit can be paid through the "Pay Your Bill" link at showmecanton.com (use account #7777) in addition to cash, check, or card options at Canton City Hall.

Name	Service Address
SSN	Apt or Lot #
Date of Birth	Mailing Address
Phone # Email Address:	
Employer	
Employer Phone	Own or Rent
Landlord's Name	Phone #
Name of Spouse (or Additional Responsible Party)	
Date of Birth	SSN
Spouse/ Responsible Party Employer	
Spouse/ Responsible Party Employer Phone Number	
Number of Occupant(s) Names of I	Persons living in the residence (18 yrs. or older)
Emergency Contact Name & 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, on our cell phone or other mobile devices concerning any and all aspects of my account.	
Applicant's Signature Spouse	e/Additional Responsible Party Date
(Official use only) Remember to get: 1. Picture I.D. for all responsible parties 2. Social Security Numbers for all response	sible parties

- 3. \$75.00 Deposit Paid in Full ____ \$25. Transfer Fee _
- 4. Fill out work order.

HOURS OF CONNECTION ARE 8AM-11:30 AM & 12PM – 4PM, MON-FRI SOME SITUATIONS REQUIRE A PERSON BE PRESENT FOR CONNECTION