City of Canton, Missouri
Application for Utility Service--BUSINESS

Phone: 573-288-4413 * Fax: 573-288-3738 * Email:collector@cityofcantonmo.gov

BUSINESS NAME: _____ EIN/TIN: _____

SERVICE LOCATION: _____BUSINESS PHONE: _____

MAILING ADDRESS: _____

_____

EMAIL 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.

NOTE: ***Hours of connection are: 8:00 AM - 11:30 AM and 12:00 PM – 4:00***

_____ _____

Applicant's Signature ***Date:***

Official Use Only –

1. **Photo I.D. of all responsible parties _____**
2. **SSN's for all responsible parties _____**
3. **$75.00 Deposit paid in full _____**
4. **Account Number _____**
5. **Work Order/Notify Public Works _____**