



UTILITY APPLICATION
DEPOSITS, LEASE,
PURCHASE AGREEMENT,
WRITTEN CONSENT OF
OWNER TO OCCUPY &
PHOTO I.D. REQUIRED

FOR OFFICIAL USE ONLY

DATE TERMINATED
 ___/___/___

BALANCE DUE: _____

VERIFIED BY: _____

****DATE TO START:** _____ **SERVICE ADDRESS** _____

***Applicant Information, Business Name Etc.:**

First: _____ Last: _____ /OR Business Name _____

Email Address: _____ PHONE _____

Bill to Address (If Different): _____
 City: _____ State: _____ Zip: _____

***APPLICANT EMPLOYER INFORMATION: (IF MILITARY, PLEASE PROVIDE Unit INFORMATION, AND ADVISE IF THIS INFO CHANGES.)**

Name: _____ Phone: _____
 Address/**UNIT**: _____ City: _____ State: _____ Zip: _____

***Co-Applicant Information:** --Your spouse is NOT presumed to be a Co-Applicant. They **MUST** be added and present an I.D. at application time. No information will be shared unless they are on this application!

-Co-Applicant Name: First: _____ Last: _____
 Employer: _____/**UNIT** _____
 Phone: _____

***Reference Information/Emergency Contact (Required):**

Name of relative/ personal friend not living at residence: _____ Phone _____
 Address: _____ City: _____ State: _____ Zip: _____

ANSWER THE FOLLOWING QUESTIONS:

***Would you like to go 'paperless' with your bill?** *This option is available and will require your email address; if you choose YES, you will NOT get a paper bill mailed. At this time 'both' US Mail and Email is not an option. Your email address is only available to the City of St. Robert and will not be made available to anyone else. It is considered confidential information along with all information on this application. At no time will the City of St. Robert ask you for personal information, social security number, or bank information electronically, over the telephone.*


Check One: **YES NO** (WRITE CLEARLY) EMAIL ADDRESS: _____

***HAS ANYONE IN THE RESIDENCE HAD PRIOR SERVICES WITH THE CITY?** [] YES OR [] NO

***CAN DETAILS ABOUT THIS ACCOUNT BE LEFT ON YOUR VOICE MAIL MESSAGE SYSTEM:** Yes or NO

***WOULD YOU LIKE TO BE SET UP ON DIRECT BANK WITHDRAW?** { } Yes { } No

IF YOU DO: Bank Name: _____ Account #: _____
 Routing #: _____ { } Checking { } Savings

 Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

FOR OFFICE USE ONLY: Order Taken By: _____ Account Number: _____
DEPOSIT AMOUNT POSTED: \$ _____ For Gas Users: Appointment Date: ____/____/____ Time: _____

1. I will pay the service deposit required and maintain a “good standing” with the City by paying the bill on or before the due date (15th). In the event that the bill is not paid; and a City Employee is **sent out** to disconnect service, you will have to pay a **\$50.00** re-connect fee for residential customers; and a \$100.00 re-connect fee for commercial customers. This will be paid prior to reinstating the utility service. For those commercial customers with a three (3) phase meter or for the reinstatement of commercial gas service, a service charge, which will be set forth by the City Alderman, will be charged for re-connection **PRIOR** to the reinstatement of utility service. When a utility service has been terminated for non-payment for two (2) months or more, this property and this account will go into a ‘To Be Final Billed’ status. Your deposit will be applied to any outstanding balances; and any deposit refund will be mailed to your last known address.
If you are still living at this residence; and after two (2) months of no utility service; and your account has gone into a ‘To Be Final Billed’ status and your deposit has been applied; you will be required to post a second (2nd) deposit prior to the City furnishing utility services. You will also be required to pay any outstanding balances owed to the City of St. Robert.

(Applicants Initials) _____ **(Co-Applicant)**
2. I Will comply with and be bound by the provisions of the Ordinances, and such policies, rules and regulations which presently exist; or may be adopted by the Board of Alderman as well as the State of Missouri with Statutes and Ordinances that govern Bad Checks. You are hereby notified that if the City of St. Robert has a check returned to us due to insufficient funds, by City Ordinance you will be notified by telephone call and/or door hanger to contact our office. Following our attempts to contact you, and if the check is not paid, these Utility Services will be disconnected the NEXT DAY. There will be a \$20.00 Bad Check fee added to your account balance. If the bad check is not paid within a reasonable amount of time deemed by the City Clerk’s Office, your case will be handed to the Missouri State Prosecuting Attorney’s Office for Criminal Prosecution for violation of RsMo 570.120. By City Ordinance, if you pass the City of St. Robert more than one (2) Bad Checks, you will be considered a ‘cash only’ customer. This means you are unable to make any online payments or automatic bank withdraw payments (ACH).
3. I do hereby agree to pay any legal fees and/or collection fees that the city may incur to pursue legal, or collection actions, or any enforcement costs incurred that may violate the guidelines described in this document. **Three month past due accounts will be forwarded to City Attorney.**
4. I will have the premises wired in accordance with wiring specifications and guidelines already approved by the City of St. Robert.
5. Extension of service to the property are generally not authorized, however this can be reviewed upon the terms and considerations set forth in the City Code; and by the City Administrator or Mayor.
6. **If any person who will be living at this location owes the City from a previous service and the amount is not paid with a time stated by the City, this application will be revoked and service disconnected. Any debt due to the city will be paid before application for service is completed. If connection is completed and a prior debt is discovered, the debt will be paid immediately or added to the accounts receivable subjecting the account to the City’s normal disconnect policies.**

7. _____ (INITIALS) When moving from this location, I do hereby agree to appear **IN PERSON** to stop this Utility Account. **NO OTHER FORM OF CANCELLATION REQUEST WILL BE CONSIDERED VALID.** I understand that I cannot call, email, or fax my request to cancel this account. If I fail to sign the Final Work Order in person, I also understand that I will be billed for utilities/trash service that remains active, *even in my absence*. When I sign the Final Work Order, I agree to provide the City a forwarding address for the final bill and a return of remaining deposit monies.
8. If a monthly bill is not received, do agree to contact the City, or view account online to determine the amount due. **Failure to receive a bill does not waive assessment of late charges, does not change due date (15th) and subject to disconnection.**
9. I Do hereby grant the City ingress or egress to, from, and over property to serve the above described map location and grant permission for the City to make alterations as the City deems necessary or advisable to provide electric service to the property or the other prospective member property either overhead or underground. Do hereby grant to the city ingress or egress to, from and over the property to remove and trim trees or brush to the extent necessary to keep them clear of said electric lines or systems and to cut down from time to time all dead, weak, leaning or dangerous trees that are tall enough to strike the wires in falling.
10. In the event a joint membership is dissolved either by divorce, separation, or death, all interest in the deposit is released to the person remaining at the service map location and a new application will be completed. ***The remaining person shall assume total ownership of the joint deposit*** as an individual. However, release of deposit does not release responsibility from paying any debts or collection fees on a final bill when the account is changed into the remaining person's name. In the event of death, the remaining person assumes responsibility for any debts or legal fees on an ending balance.
11. ***Federal Identity Theft Laws require valid photo ID as well as rental agreement or purchase agreement of the service location.***

The undersigned, jointly and individually, is applying for utilities and agrees to purchase electricity from the City of St Robert Municipal Utilities upon the terms and conditions shown on this application. It also certifies that the terms and conditions stated are understood and that he/she is the duly authorized agent to execute this document on behalf of the joint applicant listed.

Applicants Signature

Date

Co-Applicants Signature

Date

ALL OF THE CITY OWNED METERS WILL BE ACCESSABLE BY THE CITY OF ST. ROBERT ON A MONTHLY BASIS FOR READING. PLEASE KEEP THIS IN MIND IF YOU HAVE A LOCKED FENCE OR ANIMALS.