



107 W. Main Street, Smithville MO 64089 P: (816) 532-3897

## RESIDENTIAL UTILITY ACCOUNT APPLICATION

*In addition to this form, a \$100 deposit and a copy of the accountholder's driver's license is required.*

<b>REQUIRED INFORMATION</b>	ACCOUNT		PARCEL		
	NAME		SPOUSE/OTHER OCCUPANT		
	SERVICE ADDRESS				
	MAILING ADDRESS (IF NOT THE SAME)				
	CITY		STATE	ZIP	
	PHONE		ALT PHONE	WORK PHONE	
	SSN (SELF)	SSN (SPOUSE/OTHER)		DOB (SELF)	DOB (SPOUSE/OTHER)
	DATE SERVICE TO BE TURNED ON		EARLIEST AVAILABLE (NEXT BUSINESS DAY)		OTHER
	ELECT FOR WINTER SEWER AVERAGING*		YES	NO	*WATER USED OUTSIDE DURING WARMER MONTHS DOES NOT ENTER THE SEWER. WINTER SEWER AVERAGING WILL LIKELY REDUCE YOUR SEWER BILL IN THE SUMMER MONTHS. PLEASE SEE THE CITY OF SMITHVILLE WEBSITE FOR MORE INFORMATION.
	<b>NOTIFICATION</b>	BY PROVIDING MY E-MAIL ADDRESS BELOW, I UNDERSTAND I WILL AUTOMATICALLY BE ENROLLED IN E-NOTIFICATIONS, TO RECEIVE IMPORTANT UPDATES FROM THE CITY OF SMITHVILLE.			
E-MAIL ADDRESS		I WOULD LIKE TO SIGN-UP TO HAVE MY UTILITY BILL EMAILED INSTEAD OF BEING MAILED			
<b>SIGNATURE</b>	I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE AND THAT THE SERVICES APPLIED FOR WILL BE USED IN ACCORDANCE WITH THE ORDINANCES OF SMITHVILLE. THE SIGNATURE BELOW SHALL CERTIFY THAT I HAVE AND WILL MAINTAIN DURING THE USE OF THIS SERVICE, FINANCIAL RESPONSIBILITY WITH RESPECT TO THIS ACCOUNT.				
	SIGNATURE				

Please, submit this completed form with a copy of your driver's license at City Hall or send both documents to [finance@smithvillemo.org](mailto:finance@smithvillemo.org)