



**CITY OF MARCELINE  
ELECTRIC-WATER-SEWER-GARBAGE**

Applicant's Name: \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle I.) (Spouse)

Address Where Services Requested: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Applicant's Home / Cell Phone Numbers: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ / \_\_\_\_\_  
(Applicant) (Spouse)

Applicant's Driver's License Number: \_\_\_\_\_ / \_\_\_\_\_  
(Applicant) (Spouse)

Applicant's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_  
(Applicant) (Spouse)

Applicant's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Person to Contact in Case We Need to Reach You: \_\_\_\_\_

Telephone Number of Person to Contact: \_\_\_\_\_

Is Home All Electric?      Yes      No      Own or Rent?      Own      Rent

Owner of Residence if Rented: \_\_\_\_\_ Lease Attached

**I AGREE THAT I HAVE APPLIED FOR UTILITY SERVICE PROVIDED BY THE CITY OF MARCELINE AND THAT I AM RESPONSIBLE FOR ANY AND ALL ACCOUNTS BILLED TO ME BY THE CITY OF MARCELINE.**

\_\_\_\_\_  
Signature of Customer      Date

\_\_\_\_\_  
Signature of Customer      Date