CITY OF TROY

800 Cap Au Gris
Troy, Mo. 63379
636-528-4712
Fax 636-462-2619

Customer Service Agreement for City Utilities

Instructions: PLEASE TYPE OR PRINT CLEARLY, DO NOT USE PENCIL

The applicant must fill out all pertinent sections. Please read all conditions on this agreement before signing. If not applicable please write N/A) do not leave blank). When filling out addresses, please include St, Ave., Rd., Dr., etc.

Completed and signed service agreements will have to be turned in to the Utility Billing Department in person. A valid government issued photo ID is also required at the time of signing. Service agreement and deposit must be received 1 business day prior to service activation. Amount due with form (Renter - $150.00), (Home Owner - $100.00).

Section One **Contact Information** **Service Start Date: _____**

Account Holder: Contact Name: _____

Date of Birth: _____ Social Security Number: _____

Phone #: _____ Email: _____

Service Address: _____ Would you like your monthly bills emailed to you? ☐ Yes ☐ No

Bill Address: _____ City, State, Zip: _____

Employer: _____ Employer #: _____

Co-Account Holder: Contact Name: _____

Date of Birth: _____ Social Security Number: _____

Home#: _____ Cell#: _____

Address: _____ City, State, Zip: _____

Landlord (if lease/rent): Contact Name: _____

Home#: _____ Cell#: _____

Address: _____ City, State, Zip: _____

Section Two

Account Holder:

I agree that I have applied for utility services provided by the City of Troy, Missouri, and I am responsible for any and all amounts billed to me by the City of Troy, Missouri. I agree if the City should have to turn over to collections or file suit for any past due utility bills, that I will be responsible for all collection fees, attorney fees and court cost, including filing fees.

I hereby certify that I have read and examined this agreement and know the same to be true and correct. All provisions of law and ordinances governing service will be complied with.

Signature: _____

Printed Name: _____ Date: _____

OFFICE USE ONLY:

Account #:_____ **Deposit Amount:** _____ **Receipt #:** _____

Revised 2-2019