

# CITY OF TROY

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

## Business 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:** Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like your monthly bills emailed to you?  Yes  No

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Owner or Manager Name: \_\_\_\_\_

Business State Tax#: \_\_\_\_\_ Federal Tax#: \_\_\_\_\_

**\*\*If business is tax exempt you must bring in a copy of the Tax Exemption or Limited Exemption Letter from the State of Missouri.**

**Landlord (if lease/rent): Contact Name:** \_\_\_\_\_

**Business #:** \_\_\_\_\_ **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 #:** \_\_\_\_\_