



107 West Sears Avenue
Owensville, MO 65066

573-437-2812- Voice
573-437-5812 – Fax
www.cityofowensville.com

UTILITIES AGREEMENT

I/we, _____ being the property
(Name)

(Select one) of _____ Owensville, Missouri,
(Address)

hereby notify the utility office that effective on _____, I/we would like to
(Date)

request the following services be _____ and should be billed to:
(Select one)

(Billing address)

(Contact phone number)

(Applies to deposit holders when disconnecting)

I understand that my security deposit will be applied to the final bill. If the final bill is less than the security deposit, a refund check will be mailed to the forwarding address provided on this form. I understand that the refund will be mailed within 3 to 4 weeks of having service disconnected.

If the security deposit is less than the final bill, I agree to pay the balance due by the requested date. If the bill is not paid by the requested date, I am aware that delinquency will result in the account being turned over to a collection agency.

Signature: _____ Date: _____

Signature: _____ Date: _____

Per Ordinance 400.670 an Occupancy Inspection must be completed on the property before utility can be turned on.

Completed:

Occupancy Inspection:

I&I Inspection: