



# Heritage Acres Owner Service Agreement

## APPLICANT

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

Service Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## INFORMATION

Applicant

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Co-Applicant

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The undersigned certifies that all the information contained herein is true and correct. The customer agrees to pay for such services at the rates, times, and in the manner now and hereafter established by the City of Carterville, Missouri. Customer agrees to abide by all ordinances, regulations and Terms and Conditions of Service governing utility service with the City of Carterville, Missouri as may now or hereafter be adopted.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_ Deposit Amount: \$150.00

## Optional Third Party Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Third Party Address: \_\_\_\_\_

Preferred Method of Contact. This will be used for bill notices, water outages, boil orders, or work that may result in inconveniences.

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Voice Call

Phone Number: \_\_\_\_\_

Text Message

Phone Number: \_\_\_\_\_

Email

Email: \_\_\_\_\_

## Person's Who May Inquire on your Bill

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_