City of Fayette Missouri Application for Utility Services

Customers Name:	(ID Required) DL#
Social Sec'ty #:	_
Service Address:	
Billing Address:	
Phone:	
Email:	
List all adults living at this address:	Landlord (if renting):
Service Applied for:Residential Commercial Electric Water Sewer Trash (Only check if using trash cans – not dumpsters) Back Door Pickup (Only for elderly & disabled)	Phone:
Date requested for service connect://	
IMPORTANT NOTICECUSTOMER I	MUST READ AND SIGN
ACCESS TO CUSTOMER'S REMISES	
Fayette Utilities employees and agents shall have access any time for the purpose of providing utility services, reasonstalling or removing any or all of the Utilities equipment rendering of utility services to the Customer. CUSTOMER'S RESPONTHE OWNER ASSUMES AND SHALL HAVE SOLE RESPONTHEOWNER ASSUMES AND SHALL HAVE SOLE RESPONTHEOWNER.	ding meters, inspection, making repairs, and nt and apparatus used in connection with the NSIBILITIES
FROM THE WATER METER, INCLUDING THE SERVICE PI USED IN CONNECTION THEREWETH. OWNER ASSUMES FOR THE SEWER SERVICE. THE SEWER MAIN AND FOR T PROVIDED WITHIN THE UTLITY'S RULES, REGULATIONS	PES, THE APPARATUS AND PLUMBING AND SHALL HAVE SOLE RESPONSIBILITY IHE ELECTRIC SERVICE LINE AS
The customer understands that if any person with a past herein described at any point-in-time, all utility services may, at discontinued and disconnected at any time without any notice to The Customer agrees to pay-in-full for the services rende	at due utility account Is residing at the premises the sole discretion Of the Utility be immediately Customer whatsoever.
further agrees to be bound by all Utility's rates, rules, regulations. The Fayette Utilities reserve the exclusive right to revise rates, rules in such cases the new rates, rules, regulations, and policies shall penalty shall be added to service bills not paid the delinquent da more utility services shall result in discontinuance and disconnect	s, and policies as amended, governing the services. les, regulations, and policies from time to time, and I apply to the Customer. A monthly late payment te of each month. Failure to pay-in-full for one or
I (we) have read all the above Information Notice an requirements set forth therein and herein,	d fully understand and agree to abide by all the
Signature of Applicant:	Date:
Signature of Co-App't:	Date: