

City of Richmond
205 Summit Street
Richmond, MO 64085
(816) 776-5304 (816) 776-8216 - fax

Utility Deposit

Name: _____
(Please print name of primary account holder as you want name to appear on utility bill)

Social Security Number

Date of Birth

Phone Number

Employer

Secondary Account Holder Name (if applicable): _____

Social Security Number

Date of Birth

Phone Number

Employer

Service Address: _____

Mailing Address: _____
(if different from service address)

Recycling: _____ Yes _____ No Are you over age 65? _____ Yes _____ No

_____ Own Home
_____ Renting/Leasing Landlord _____
Please provide a copy of your Rental or Lease Agreement. (Said Agreement must include your name.)

I/We hereby declare myself/ourselves to be financially responsible and further agree and promise to pay on demand to the City of Richmond any and all accounts incurred by myself/ourselves for utility service at the address above stated. I/We further understand that service may be disconnected after the 20th of the month for non-payment and a reconnect fee will apply along with full payment of the bill. Photo identification is required and will be kept on file.

Date

Signature

Office Use Only

Account Number _____

Deposit Amount _____

Receipt Number: _____