



CITY LIGHT & WATER  
 110 West Columbia  
 Farmington, Missouri 63640

(573) 756-2620  
 Fax (573) 756-0612  
 farmington-mo.gov

**REQUEST FOR SERVICE**

Account # \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Service Address \_\_\_\_\_ Deposit Amount: Electric \_\_\_\_\_  
 \_\_\_\_\_ Water \_\_\_\_\_  
 Date to Begin Service \_\_\_\_\_ Sewer \_\_\_\_\_  
 Name(s) \_\_\_\_\_ Total \_\_\_\_\_  
 \_\_\_\_\_ Letter of Credit   
 Meters:  EL  WA \_\_\_\_\_  EL  WA \_\_\_\_\_  
 EL  WA \_\_\_\_\_  EL  WA \_\_\_\_\_

**CUSTOMER INFORMATION**

Customer Name \_\_\_\_\_ Additional Customer Name \_\_\_\_\_  
 Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**EMPLOYER INFORMATION**

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**REFERENCES / EMERGENCY CONTACT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNER'S INFORMATION**

Owner Occupied  Rental  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that the above facts are true:

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE

NOTARY PUBLIC

In Witness Whereof, I hereto subscribed my name and affixed  
 my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2011.