

City of Troy  
200 Main St.  
Troy, MO. 63379  
(636) 528-4712 ext. 1

**CUSTOMER DEPOSIT INFORMATION**

**AMOUNT DUE WITH FORM**

**HOME OWNER - \$100.00**

**RENTER - \$150.00**

NAME(Printed): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_  
DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME(Spouse or other): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_  
DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME (If Business Account): \_\_\_\_\_  
OWNERS NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
BUSINESS ST. TAX #: \_\_\_\_\_ FEDERAL TAX#: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS(If different): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Circle One: HOME OWNER  
RENTER (If renter we need the Name, Address and Phone Number of Landlord)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GUARANTEE**

I/We hereby declare myself/ourselves financially responsible, agree and promise to pay on demand to the City of Troy, any and all amounts incurred by myself/ourselves, for utility services as shown on the above form. I/We understand that services may be disconnected, if the bill is not paid within 10 days of the due date. IF DISCONNECTED FOR NONPAYMENT, A RECONNECT FEE WILL APPLY ALONG WITH BALANCE IN FULL ON THE ACCOUNT.

**Please check box if you would like your information kept confidential.**

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_ START DATE: \_\_\_\_\_