

City of Troy
800 Cap Au Gris
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 put an X on the line if you would like your information kept confidential.**

SIGNATURES: _____ DATE: _____
_____ DATE: _____

ACCOUNT#: _____ RECEIPT#: _____ START DATE: _____