



CITY OF GALENA, MO
 111 MAIN STREET
 P.O. BOX 234
 GALENA, MO 65656
 (417) 357-6226

APPLICATION FOR RESIDENTIAL/COMMERCIAL UTILITY SERVICE

Today's Date: _____ Service Start Date: _____

Service Address: _____

Customer Name: _____

Please check one _____ Property Owner _____ Tenant/Renter _____ Commercial

Water Deposit Amount \$ _____ Have You Had Water Service in Galena Before? ____ Yes ____ No

If Yes: Address: _____

Mailing Address: _____ When? _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Driver's Lic. No _____ Date of Birth _____ Last 4 of SSN _____

(A copy of your driver's license is required with application)

By signing this application, the applicant/owner agrees to observe all City of Galena regulations related to utility service and to pay all bills on or before the 20th of each month. Service will be discontinued on the 21st if the account becomes delinquent a reconnect fee of \$50.00 will be charged.

The applicant acknowledges water service will be turned on at the above property and understands the City of Galena is not responsible for any property damage that may be caused from the water being turned on at anytime. If you are moving or would like your name to be removed from this account, you must notify City Hall at the phone number or address listed above. You are financially responsible for all charges until the City receives notification.

Signature of Applicant: _____

Owner's Agreement to Rent

The undersigned hereby states that she/he is presently the owner of above described property, and hereby agrees to the applicant renting said property

Owner _____ Date _____

Address _____ Phone _____