CITY of CAPE GIRARDEAU

UTILITY BILLING

CUSTOMER INFORMATION

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

HOME PHONE #: _____

EMAIL: _____

REQUESTED SERVICE: ☐ Turn On ☐ Turn Off ☐ Transfer Service

START/STOP SERVICE DATE: _____

IF TRANSFER OR TURN OFF:

WHAT IS OLD ADDRESS: _____

LANDLORD AT OLD ADDRESS: _____

I WILL BE THE USER OF SERVICE AT THE ABOVE ADDRESS. BY SIGNING THIS, I AGREE TO PAY ALL BILLS RENDERED FOR THE SERVICES UNTIL I REQUEST TO HAVE SERVICE TERMINATED AND TAKEN OUT OF MY NAME, OR THE CITY OF CAPE GIRARDEAU DISCONNECTS FOR NONPAYMENT. UPON ACCOUNT CLOSING, THE USER AGREES TO PROVIDE A VALID FORWARDING ADDRESS IN WHICH FINAL BILLING, DEPOSIT, AND COMMUNICATION INFORMATION MAY BE PROVIDED.

ANY UNPAID BILLS WILL BE REPORTED TO THE APPROPRIATE COLLECTION AGENCY, AND IN DOING SO, WILL CREATE A NEGATIVE IMPACT ON MY CREDIT HISTORY AND/OR SCORE.

REQUESTED BY: _____ _____ _____

Signature or Initial | Print (First, MI, Last) | Date

*******PLEASE NOTE**

THIS SERVICE ORDER WILL NOT BE PROCESSED UNTIL THE CUSTOMER SERVICE OFFICE RECEIVES A LEGIBLE COPY OF A DRIVER'S LICENSE AND A COPY OF THE LEASE (IF RENTING).

Email: customerservice@cityofcape.org
Fax: 573-339-6306