CITY OF LIBERTY APPLICATION FOR UTILITIES/COMMERCIAL ACCOUNT

(Please Print Legible) Name on Account: Company Name:	
	DL#:
TAX ID#:	
	Contact Phone:
•	
	t be secured by either deposits or an approved co-signer, and must
Deposit Amount:	ut should be equal to 2 ½ times a twelve month history on the
New Service Connection Fee: Transfer Service Fee:	\$\$ 15.00 \$ 15.00
New Service: Please provide a copy of the following items listed 1. Driver License 2. Social Security Card, Tax ID 3. Rental Receipt, Rent Agreement or Bill of Sal	
	tue:
ffice Use Only:	
ate to be completed:	Acct#:
ervice Address:	