

CITY OF LIBERTY
APPLICATION FOR UTILITIES/COMMERCIAL ACCOUNT

(Please Print Legible)

Name on Account: _____

Company Name: _____

Mailing/Billing Address: _____

SS#: _____ DOB: _____ DL#: _____

TAX ID#: _____

Business Phone Number: _____ Contact Phone: _____

Contact: _____

Signature: _____

As Stated by City Ordinance all utility accounts must be secured by either deposits or an approved co-signer, and must be paid in full each month.

Commercial Deposits:

Deposits will be set by the Utility Department, but should be equal to 2 ½ times a twelve month history on the account in question.

Deposit Amount:

New Service Connection Fee:

\$ _____

\$ 15.00

Transfer Service Fee:

\$ 15.00

Co-Signer:

Acct# _____

New Service:

Please provide a copy of the following items listed below

1. Driver License
2. Social Security Card, Tax ID
3. Rental Receipt, Rent Agreement or Bill of Sale

Garbage:

Commercial Hand Collect: \$27.50 _____ (1) 90 Gallon Cart: \$33.87 _____

2YD x 1: \$46.14 _____ 3YD x 1: \$71.04 _____ 4YD x 1: \$82.05 _____ 6YD x 1: \$100.96 _____ 8YD x 1: \$113.42 _____

2YD x 2: \$92.30 _____ 3YD x 2: \$135.35 _____ 4 YD x 2: \$160.18 _____ 6 YD x 2: \$182.90 _____ 8YD x 2: \$222.09 _____

Days of Week preferred: MON. TUE. WED. THUR. FRI. SAT. SUN.

Other:

Size: _____ Quantity: _____ Frequency: _____

Office Use Only:	
Date to be completed: _____	Acct#: _____
Service Address: _____	