

City of Rogersville Utility System



211 East Center Street
Rogersville, MO 65742
Phone: 417-753-2884 Ext. 303
Fax: 417-753-2871

Today's Date: _____ Date service required: _____

Name of applicant: _____

Applicant's present address: _____

Applicants address for new service _____

Mailing address if different than service address: _____

Applicant's Phone #: _____ Applicant's SS#: _____

Applicants place of employment: _____

Applicant's email address: _____

Do you wish to receive email billing? (circle one) YES NO

Have you had utility service with the City of Rogersville in the past? (circle one): YES NO

For Rented Property, please complete:

Name of Property Owner: _____

Property Owner's address: _____

Property Owner's Phone#: _____

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I am applying for utility service with the City of Rogersville, MO with the full understanding that my deposit amount of \$86.50 for water, sewer and trash service, will remain with the City until I request disconnection of utility services. At that time, all deposits will be applied to any outstanding balances or refunded to me. All payments are due and payable on the 15th of the month and late on the 25th of the month; cash, checks or money orders made to "City of Rogersville" are acceptable. City offices are open from 8:00 a.m. to 4:30 p.m. Monday-Friday and drop boxes are located at Apple Market and outside of City Hall. Failure to make payment will result in disconnection of services and a \$25.00 delinquency fee before reconnection. Payment by credit card will result in a credit card convenience fee applied.

Method of payment, (including check#): _____

Signature of Applicant: _____