

**Chillicothe Municipal Utilities**



**Utility Service Application**

Please check all utilities applied for:

(\$25 connect/transfer fee on the first bill)

Electric   
  Water   
  Sewer   
  Refuse

Applicant Information	
Name:	
Service Address:	
Social Security #:	Date of Birth:
Cell Number:	Work/Home phone:
Current Employer:	Years of Service:

Own or Rent (please circle)	Landlord Name:
Mailing Address (if different than service address):	

Other Adults Residing at Service Location		
Name:	Relationship:	Phone#:
Additional Person (if any) Allowed to contact Customer Service concerning Account		
Name:	Relationship:	Phone#:

**Begin Service Date** \_\_\_\_\_  
 (Next business day if after 3:00 PM)

I request Chillicothe Municipal Utilities to supply utility services to the above address and agree to pay for all electric energy and/or water and/or sewer and/or refuse rendered and consumed in accordance with the schedule of rates published for each class of service which is supplied, and further agree to be bound by all the rules and regulations governing the service. Chillicothe Municipal Utilities reserves the right to revise the schedule of rates and rules and regulations from time to time, and in such cases the new schedule of rates and rules and regulations will apply to this contract.

The acceptance of this application by The Chillicothe Municipal Utilities constitutes an agreement between the parties hereto.

**SALES TAX REPORT (12 CRS 10-3.184)**

Please check one corresponding box reflecting the predominant use:

<b>CITY TAXABLE DOMESTIC</b>	<b>CITY AND STATE TAXABLE</b>
<input type="checkbox"/> Household	<input type="checkbox"/> Rental House - Apt (Landlord)
<input type="checkbox"/> Cabin	<input type="checkbox"/> Commercial
<input type="checkbox"/> Other - Please specify	<input type="checkbox"/> Other - Please specify

The above information to the best of my knowledge is complete, correct, and true. If electricity or water purchased results in a sales tax liability due to a use other than stated above, I assume such responsibility for remitting such tax due directly to the Director of Revenue.

\_\_\_\_\_  
Customer Signature/Date

\_\_\_\_\_  
Authorized CMU Signature