



New Customer Utility Hook-Up Information

FORM 1633 REV 4-04

Bringing Power Home.

Utilities Offered: Electric, Gas, and Water

If you have had service with City Utilities in the last two years or have a VISA or Mastercard you may be able to transact business by phone. Please call us to avoid the trip to our office.

It normally takes one to two days to hook-up service or get it transferred from one customer to another. All those who will share in paying the bill should be present at sign-up time. If there is more than one person responsible for an account, ask for "Shared Responsibility".

Telephone

Customer Service: (417) 863-9000
FAX: (417) 831-8454

E-mail address: customerservice@cityutilities.net

Where: 301 E. Central • P.O. Box 551
Springfield, Missouri 65801

When: 7:30 a.m. to 5:30 p.m.
Monday through Friday
(excluding Holidays)

Busiest Days & Times: (If you are pressed for time avoid)
Mondays and Fridays, between the
hours of 11:00 a.m. and 2:00 p.m.

What to Bring:

- *\$100.00 Deposit, (VISA & Mastercard Accepted)
- *Rent receipt or a copy of your lease, including the address and apartment No.
- *Identification -Driver's license, Social Security Card, etc.
- *Name, address, and phone number of a relative reference.

Deposit may be waived under any of the following conditions:

- You currently have one year of good credit history with CU.
- A Satisfactory "Letter of Credit" is provided from your previous utility company.
- A current customer of CU, (with a recent good payment history of at least one year) may sign as "Surety" for you.

There will be an Account Entry Fee charge included on your first bill.



Bringing Power Home.

CITY UTILITIES OF SPRINGFIELD, MISSOURI

UTILITY CONFIRMATION CARD

VALID ONLY WHEN COMPLETED BY LANDLORD

Tenant must contact CU to sign for service.

Service (s) Required	ELECTRIC	<input type="checkbox"/>
	GAS	<input type="checkbox"/>
	WATER/SEWER	<input type="checkbox"/>

Service Address _____ Apt. No. _____ Date Rented _____

Tenants Names					
_____	_____	_____	_____	_____	_____
First	Middle	Last	First	Middle	Last
_____	_____	_____	_____	_____	_____
First	Middle	Last	First	Middle	Last

Signature of Landlord or Authorized Manager _____

Phone _____

FOR OFFICE USE ONLY

DATE NEW CUSTOMER SIGNED _____

DATE CONNECTION REQUESTED _____

VERIFIED BY C.U. REPRESENTATIVE _____

PROVIDED AS A COURTESY OF CITY UTILITIES CUSTOMER SERVICES DEPARTMENT 863-9000

FORM #1633 REV. 4/04