



City of Buckner

Meter Application

Date: _____ Rent: _____ Own: _____

Landlords

Name & Phone #: _____

Service Address: _____

Name: _____

Phone Number(s): _____ e-mail _____

Date of Birth: _____ D.L. #: _____

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Spouse's Name: _____

Date of Birth: _____ D.L. #: _____

Employer: _____

Employer's Address: _____

Phone Number: _____

Preferred Billing Address: _____

AUTHORIZATION

I agree that I am applying for utility services provided by the City of Buckner, Missouri. I agree that I am responsible for any and all amounts billed to me by the City of Buckner, Missouri. I agree that the City of Buckner has the right to turn over to collections or file suit on any past due amounts owed by myself. I hereby certify that I have examined this agreement and found it to be true and accurate to the best of my knowledge. I agree that all laws and ordinances governing service will be complied with.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Account Number: _____ Date Activated: _____

Deposit Date: _____ Deposit Amount/Type: _____ Receipt #: _____