City of Norborne
105 E 2nd ST
(660) 593-3514
www.cityofnorborne.org

Utility Deposit Form

Name: _____

Please print name of primary account holder, as you want name to appear on utility bill

_____ Social Security Number

_____ Driver's License Number

_____ Date of Birth

_____ Phone Number

_____ E-Mail

Secondary Account Holder Name (if applicable): _____

_____ Social Security Number

_____ Driver's License Number

_____ Date of Birth

_____ Phone Number

_____ E-Mail

Service Address: _____

Mailing Address: _____

_____ **Own** -$150 Deposit

_____ **Rent/Lease/Contract for Deed** -$150 Deposit

Please provide a copy of your Rental/Lease Agreement (must include your name)

Landlord Name:_____

SIGNATURE

I/We hereby declare myself/ourselves to be financially responsible, further agree, and promise to pay on demand to the City of Norborne and all accounts incurred by myself/ourselves for utility service at the address stated above. I/We further understand that service may be disconnected after the 1st of the month for non-payment and a reconnect fee will apply along with full payment of the bill. Photo identification may be required and may be kept on file.

_____ Signature _____ Date

_____ Signature _____ Date

For office use only:

Account Number _____

Deposit Amount_____ Receipt Number_____