

CITY OF RICHMOND
Customer Deposit Information

Name (Printed) _____ SSN _____

Name (Spouse or other) _____ SSN _____

Name (Other responsible party) _____ SSN _____

Service Address _____ Phone _____

Mailing Address (If different) _____

Employment _____ Work Phone _____

- Own or Purchasing Home
- Renting or Leasing
- Leasing to Own
- Contract for Deed

If renting, leasing, or contracting; name and address of title holder:

Guarantee

I/We hereby declare myself/ourselves financially responsible, agree and promise to pay on demand to the City of Richmond, Mo., any accounts incurred by myself/ourselves, for utility service as shown on the above form.

I/We understand that service may be disconnected after the 20th of the month, if bill is not paid within 10 days of the due date. If disconnected for non-payment, a reconnect fee will apply along with payment of the bill.

Account # _____ Signatures: _____

Receipt # _____

Deposit Amount _____

Date _____