



**CITY OF GALENA
111 SOUTH MAIN ST.
P.O. BOX 234
GALENA, MO 65656
(417) 357-6226
fax (417) 357-8033**

APPLICATION FOR RESIDENTIAL/COMMERCIAL UTILITY SERVICE

Service start date: _____

Service address: _____

Customer name: _____

Please check one: _____ property owner _____ tenant _____ commercial

Have you had utility service in Galena before: _____ yes _____ no

Mailing address: _____

Phone number: _____

(A copy of identification is required)

By signing this application, the applicant/owner agrees to observe all City of Galena regulations related to utility service and to pay all bills on or before the 20th of each month. Service will be discontinued on the 21st if the account becomes delinquent a reconnect fee of \$50.00 will be charged.

The applicant acknowledges water service will be turned on at the above property and understands the City of Galena is not responsible for any property damage that may be caused from the water being turned on at anytime.

If you are moving or would like your name to be removed from this account, you must notify City Hall at the phone number or address listed above. You will be financially responsible for all charges until the City receives notification.

Signature of applicant: _____

Owner's agreement to rent

The undersigned hereby states that he/she is presently the owner of the above described property, and hereby agrees to the applicant renting said property

Owner: _____ Date: _____

Address: _____ Phone: _____