Nixa City Utilities
707 W Center Circle – physical address
P O Box 395 – mailing address
Nixa, MO 65714
417-725-3229 Phone
417-725-7132 Fax
Utilitybilling@nixa.com Email

Date service requested _____
(Must have a 24 hour notice)

Commercial Application for Utility Services

_____ Company name

_____ Service address

_____ Mailing address

_____ Tax ID #

_____ Email address

_____ Business phone #

Premises are: Owned_____ Rented / Leased_____

_____ Landlord name & phone #

Billing options: ***(Please print clearly)***

_____ Paper _____ Auto draft from bank account
_____ Email to: _____
_____ Both Paper & Email

-Has your business had prior service with Nixa Utilities: Yes____ No____ If yes, please list address below.

_____

Main contact person

_____ First MI Last

_____ Phone #

_____ Address

_____ City State

_____ SS #

_____ Driver's License # State

Conditions of Service

1. Applicant will comply with and be bound by the rules and regulations of City of Nixa.
2. Disclosure of falsified application will be reason for discontinuation of service and additional deposit.
3. Nixa City Utilities or its third party collectors will have the right to contact the customer's employer for the purpose of collecting unpaid bills. The customer will pay all expenses, including reasonable attorney's fees associated with collection of utility bills.
4. The customer will not be allowed to obtain utility service under a different or new applicant unless all delinquent accounts of the applicant(s) are brought current.
5. The customer may terminate the service obtained under this application by appearing at the office of Nixa City Utilities or by telephone upon furnishing Nixa City Utilities requested information.
6. Only persons listed on this application will be allowed to arrange disconnection, reconnection, or termination of service.
7. Customers that tamper with their meter and/or receive service without the City's permission will be prosecuted.

N. I have read the above stated conditions of service and request utility service under those conditions.

Applicant(s) Signature(s)

_____Date_____

_____Date_____

Witness

_____Date _____

Account # _____