

**Owner/Occupant Utility Extension Agreement  
City of Reeds Spring  
PO Box 171  
Reeds Spring, MO 65737**

utilityclerk@reedsspring.org  
**Office (417) 272-3309**  
**Fax (417) 272-8015**

PLEASE PRINT

**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_

**OCCUPANT INFORMATION:**

Occupant Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Amount due: \_\_\_\_\_  
Occupant promises to pay \_\_\_\_\_ every \_\_\_\_\_.

*“As the owner of the above listed service address, I hereby authorize the occupant at the service address to continue to receive City Utility service though the occupant account is currently delinquent. Further, as per RSMo 50.140(2), I understand that should the occupant fail to pay for said utility services, I shall assume all liability.” This authorization shall be for a limited time period of 1 month only, non-renewable without additional by owner.*

For a period not to exceed \_\_\_\_\_ days without Additional Authorization

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Delinquent Amount \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_