

Account Number: \_\_\_\_\_  
Assigned by CityRoute/Sequence: \_\_\_\_\_  
Assigned by City

## City of Robertsdale Application for Utility Service

Requested Date of Service: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.Street Address: \_\_\_\_\_  
Apt./Unit# City State Zip

Own: \_\_\_\_ Rent: \_\_\_\_ Name and Phone Number of Landlord: \_\_\_\_\_

Mailing Address, If Different than Service address: \_\_\_\_\_

Street City State Zip  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State License No: \_\_\_\_/\_\_\_\_  
Mo / Day / Year State / Number

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Have you had previous utility services with the city? No \_\_\_\_/Yes \_\_\_\_ Address: \_\_\_\_\_

Joint Applicant information (Must be present):

Full Name: \_\_\_\_\_  
Last First M.I.

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State License No: \_\_\_\_/\_\_\_\_  
Mo / Day / Year State / Number

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Have you had previous utility services with the city? No \_\_\_\_/Yes \_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Information:

Full Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**Neighbors Helping Neighbors** is a monthly program where your utility bill is rounded up to assist local utility customers. The average round-up amount is \$0.50 per month. You will be automatically enrolled in the NHN program unless you specifically decline. All money collected stays in our community. NO, I DO NOT WISH TO PARTICIPATE: \_\_\_\_\_

I accept responsibility for this account and have received a summary of the City's Utility and Collection policy. I understand that utility service may be disconnected if any information furnished to the city is found to be fraudulent. I understand that utility services will not be provided until all applicable deposits and the non-refundable administration fee are paid.

Signature of Applicant Date Signature of Spouse/Joint Applicant Date

If an applicant is unable to complete the application in person,  
the signatures must be notarized or witnessed by two witnesses.

Witness Date

Notary Signature and Seal Date Witness Date

Account Number: \_\_\_\_\_  
Assigned by City

**City of Robertsdale**  
**Application for Utility Service (cont'd)**

**\*OFFICE USE ONLY\***

City Employee Receiving Application: \_\_\_\_\_ Date Received: \_\_\_\_\_

Service Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Date Set: \_\_\_\_\_ W/O #: \_\_\_\_\_

Construction Aid Electric: \$ \_\_\_\_\_

Construction Aid Gas: \$ \_\_\_\_\_

Construction Aid Sewer: \$ \_\_\_\_\_

Construction Aid Water: \$ \_\_\_\_\_

Gas Tap: \$ \_\_\_\_\_

Sewer Tap: \$ \_\_\_\_\_

Water Tap: \$ \_\_\_\_\_

Non-Refundable Admin. Fee: \$

Electric Deposit: \$ \_\_\_\_\_

Gas Deposit: \$ \_\_\_\_\_

Electric Deposit: \$

Total Construction Aid: \$

Total Tap: \$

**Total Due:            \$**

Service Disconnected by: Customer / Nonpayment Date: \_\_\_\_\_ W/O #: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Final Bill Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Less Deposit: \$(\_\_\_\_\_)

Balance Owed: \$                      Refund Due: \$

Last Payment Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Follow up Letter: \_\_\_\_\_

Submitted to Collection Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Notes:

[illegible]