



ACCT.# _____
ASSIGNED BY CITY

City of Robertsdale Application for Utility Service

PLEASE PRINT

NAME _____ Requested Date of Service _____

SERVICE ADDRESS _____
ADDRESS CITY ST ZIP

OWN ___ RENT ___ IF RENTING, NAME AND PHONE OF LANDLORD: _____
NAME PHONE #

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS):
ADDRESS CITY ST ZIP

PHONE NUMBER(S): HOME _____ CELL _____

DATE OF BIRTH: MO _____ DAY _____ YEAR _____ SOCIAL SEC. #: _____ - _____ - _____

DRIVER'S LICENSE: STATE ISSUED: _____ # _____ EXPIRATION: _____

EMPLOYER _____ ADDRESS _____ PHONE NO. _____

HAVE YOU HAD PREVIOUS UTILITY SERVICE WITH THE CITY? NO _____ YES _____
IF YES, PROVIDE SERVICE ADDRESS

SPOUSE _____		JOINT APPLICANT: _____	
DATE OF BIRTH: MO _____ DAY _____ YEAR _____		NAME	
SOCIAL SEC. #: _____ - _____ - _____		DRIVER'S LICENSE: STATE ISSUED: _____ # _____	
EMPLOYER _____		ADDRESS _____ PHONE NO. _____	

REFERENCES:		
1) Relative _____	NAME	ADDRESS PHONE
2) OTHER: _____	NAME	PHONE
3) OTHER: _____	NAME	PHONE

Neighbors Helping Neighbors is a program where your utility bill is rounded up each month to assist local utility customers. The average round-up amount is \$0.50 per month.
YES, I WOULD LIKE TO PARTICIPATE: _____ NO, I DO NOT WISH TO PARTICIPATE: _____

I hereby accept responsibility for this account and have received a copy 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 _____

Signature of Co-Signer _____ Date _____

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

NOTARY SIGNATURE & SEAL _____ Date _____ WITNESS _____ Date _____

NOTARY SIGNATURE & SEAL _____ Date _____ WITNESS _____ Date _____

City of Robertsdale

Application for Utility Service (cont'd)

OFFICE USE ONLY

City Employee Receiving

Application _____

DATE RECEIVED: _____ W/O NO. _____ ACCOUNT NO. _____

DATE SET: _____

ELECTRIC DEPOSIT:	\$ _____	WATER TAP	\$ _____
WATER DEPOSIT:	\$ _____	SEWER TAP	\$ _____
GAS DEPOSIT:	\$ _____	GAS TAP	\$ _____
		AID TO CONSTRUCTION	\$ _____
TOTAL DEPOSIT:	\$ _____	NON-REFUNDABLE ADMIN. FEE:	\$ _____

LETTER OF CREDIT: ACCEPTABLE _____ UNACC. _____ **TOTAL DUE:** \$ _____

SERVICE DISCONTINUED BY CUSTOMER: _____ W/O NO. _____
DATE _____

SERVICE DISCONNECTED FOR NONPAYMENT: _____ W/O NO. _____
DATE _____

FINAL BILL AMOUNT: \$ _____

LESS DEPOSIT: \$(_____)

BALANCE OWED: \$ _____

REFUND DUE: \$ _____

FORWARDING ADDRESS: _____
ADDRESS
CITY
STATE
ZIP

COLLECTION ACTIVITY:

FINAL BILL: _____ FOLLOW-UP LETTER: _____

SUBMITTED TO COLLECTION AGENCY: _____

NOTES: _____
