



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: HOME (____) _____ CELL (____) _____ E-MAIL ADDRESS: _____

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

DRIVER'S LICENSE: STATE ISSUED: _____ # _____

EMPLOYER _____ ADDRESS _____ WORK PHONE(____) _____

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. 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 hereby 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 _____

Signature of Co-Signer _____ Date _____

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

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: _____	LAST PAYMENT: _____	FOLLOW-UP LETTER: _____
SUBMITTED TO COLLECTION AGENCY: _____		

NOTES: _____

