



APPLICATION FOR SERVICE

Today's Date: ___/___/___

Date Utilities are to be turned on: ___/___/___

Property Address:

Mailing address (If different from the property listed above):

Which utility services are you applying for? (Please circle all that apply): Water Sewer Gas Garbage

Do you (circle one): Own / Rent

Do you currently have an existing deposit on file with us and wish it to be transferred to your new location (circle one): Yes or No From what address: _____

Primary account holder's information (as it appears on license or Government issued ID)

Name: _____

DOB (MM/DD/YYYY): ___/___/___

Social Security Number: ___/___/___

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Social Status (please circle one): Married/ Divorced/ Single/ Domestic Partnership

Have you ever had utility services with us before? Yes / No

If so, where: _____

Secondary account holder's information (as it appears on license or Government issued ID)

Name: _____

DOB (MM/DD/YYYY): ___/___/___

Social Security Number: ___/___/___

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Have you ever had utility services with us before? Yes / No

If so, where: _____



THIS APPLICATION FOR SERVICE, WHEN EXECUTED, BECOMES A LEGAL BINDING CONTRACT FOR THE SERVICES PROVIDED BY THE RESPECTIVE UTILITY BOARDS AND CONSTITUTES AN AGREEMENT TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THESE SERVICES INCLUDING TIMELY PAYMENTS AND RESONABLE AND DILIGENT PROTECTION OF UTILITY METERING AND OTHER EQUIPMENT AT THE SERVICE LOCATION. BILLING WILL BE AT CURRENT RATES FOR CLASS OF SERVICE AS ADJUSTED PERIODICALLY. I REPRESENT THAT NEITHER I NOR ANY OTHER INDIVIDUAL WHO RESIDES OR STAYS IN THE HOUSEHOLD OWES WSG A DELINQUENT BILL. ANY MISREPRESENTATION HEREIN SHALL BE GROUNDS FOR DISCONTINUANCE OF SERVICE. IF SERVICE IS TERMINATED FOR NON-PAYMENT, A RETURNED CHECK, OR OTHER CAUSE, ADDITIONAL CHARGES WILL BE ADDED. IF LEGAL ACTION IS NECESSARY, COLLECTION COSTS INCLUDING A REASONABLE ATTORNEY FEE WILL BE ADDED TO AMOUNTS DUE. NO RECONNECTIONS AFTER NORMAL BUSINESS HOURS. SERVICE CONNECTIONS MAY BE WITHHELD UNTIL SERVICE CHARGES AND DEPOSITS HAVE BEEN PAID. A COPY OF OUR RULES AND PROCEDURES GUIDELINES ARE AVAILABLE UPON REQUEST.

I AM OF LEGAL AGE AND AM AUTHORIZED TO EXECUTE THIS AGREEMENT. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF BILLINGS. I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS SERVICE APPLICATION.

SHOULD YOU HAVE ANY QUESTIONS ABOUT SANITATION (GARBAGE) PLEASE CALL 256-259-5548.

Primary Signature: _____

Date: ___/___/_____

Secondary Signature: _____

Date: ___/___/_____

****Please remember to bring or provide a copy of your driver's license or Government issued ID with you when setting service.***