



APPLICATION FOR SERVICE

Today's Date (MM/DD/YYYY): _____

Date Utilities are to be turned on (MM/DD/YYYY): _____

Property Address:

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

Which utility services are you applying for? (Check all that apply): Water___ Sewer___ Gas___
Garbage___

Do you (check one): Own ___ Rent___

Do you currently have an existing deposit on file with us and wish it to be transferred to your new location (check one): Yes___ 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: _____



For Commercial Accounts Only:

Business name: _____

EIN or Federal Tax ID Number: _____

Additional persons authorized to make necessary changes and requests to this account on your behalf:

Name: _____ Title: _____

Name: _____ Title: _____

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 REASONABLE 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.***