COMMERCIAL
APPLICATION FOR SERVICE
Applicant(s) MUST be 19 years of age

UTILITIES BOARD-CITY OF OPP
PO BOX 610
109 EAST HART AVENUE
OPP, AL 36467

TELEPHONE (334) 493-4571
FAX (334) 493-6666

APPLYING FOR:
GARBAGE ☐**YES** ☐**NO**
ELECTRIC ☐**YES** ☐**NO**
WATER ☐**YES** ☐**NO**

NOTE: For proper verification, a COPY OF YOUR DRIVER'S LICENSE must be included with this form. If renting, we must have a copy of your lease/rental agreement before service will be granted.

Please Complete the following:

Date:_____

Applicant's Name:_____ Soc.Sec.No:_____
First Middle Last Name

Driver's License No:_____Expires:_____ Date of Birth_____

Business Name:_____Tax ID No:_____
First Middle Last Name

Service Location:_____

Billing Address:_____

Business Phone:_____ Cell Phone:_____

If Renting, Property Owner's Name:_____Telephone:_____

Emergency contact (name):_____Telephone_____

Date that you want service in your name:_____

Customer's Signature:_____

Customer's Signature:_____

By signing I(We) understand the service deposit required will be determined based on my credit report or previous usage requirements/history of location of business, whichever is higher and those deposits must be paid in full at the time service is granted. DEPOSITS ARE NOT TRANSFERABLE TO ANOTHER PERSON OR ENTITY.