

**RESIDENTIAL
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 _____

Spouse/Roommate: _____ Soc Sec No: _____
First Middle Last Name

Driver's License No: _____ Expires: _____ Date of Birth _____

Service Location: _____

Billing Address: _____

Telephone: _____ Email: _____

Applicant's Employer: _____ Employer's Telephone _____

Employer's Address _____

Spouse/Roommate's Employer: _____ Employer's Telephone _____

Employer's Address _____

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

Nearest Relative Not Living in Household (name): _____ Relationship _____

Address: _____ 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 and those deposits must be paid in full at the time service is granted.
DEPOSITS ARE NOT TRANSFERABLE TO ANOTHER PERSON.