

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



Note: For proper verification, we will need a copy of your driver's license, the deed if owned or lease if renting before service will be granted. 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.

UTILITIES BOARD-CITY OF OPP
PO BOX 610
109 EAST HART AVENUE
OPP, AL 36467
334-493-4571
334-493-6666 (Fax)

Applying for: Electric
 Water
 Garbage

Date: _____

Applicant's Name: _____ SSN: _____
First Middle Last Name

Driver's License No: _____ Expires: _____ DOB _____

Business Name: _____ Tax ID No: _____

Service Location: _____

Billing Address: _____

Business Phone: _____ Cell Phone _____

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

Emergency Contact: _____ Telephone _____

Date that you want service in your name: _____

Customer's Signature: _____