

RESIDENTIAL
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 and those deposits must be paid in full at the time service is granted.

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: _____ 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: _____ Relationship _____

Address: _____ Telephone: _____

Date that you want service in your name: _____

Applicant's Signature: _____

Spouse/Roommate's Signature: _____