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



<u>Note:</u> 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.

PO BOX 610 109 EAST HART AVENUE			Applying for: Water Garbage		
334-493-4571 334-4	93-6666 (Fax)				
Date:					
Annlicant's Nam	0.			Soc Sec No:	
Applicant s Ivani	First	Middle	Last Name	50c 5cc 110.	
DI #		1	Date of Rirth	Phone#	
State	Number			Phone#	
Employer			Empl	over's Dhone	
Employer.			Empl	oyer's Phone	
Spouse/Roomma	te:	M: 111-	L N	Soc Sec No:	
	FIISt	Middle	Last Name		
]	Date of Birth	Phone#	
State	Number				
Employer:			Employer's Phone		
Service Location	•				
Service Location					
Billing Address:					
Emaile					
Emaii:					
If Renting, Property Owner's Name:				Phone#	
				5.1.1.1.	
Nearest Relative N	Not Living in F	lousehold:		Relationship	
Address: _			Phone#		
Date that you wa	nt service in y	our name: _			
Applicant's Signa	ature:				
Cnouge/Day	tola Ciarrata	<u>.</u>			
spouse/Koomma	ie's Signature	·			