

**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 or DBA: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Service Location: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business contact (name): \_\_\_\_\_ Telephone \_\_\_\_\_

If Renting, Property Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date you want service to start: \_\_\_\_\_

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.