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 Last Name

DL# _____ _____ Date of Birth_____ Phone#_____
State Number

Employer: _____ Employer's Phone_____

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

DL# _____ _____ Date of Birth_____ Phone#_____
State Number

Employer: _____ Employer's Phone_____

Service Location: _____

Billing Address: _____

Email: _____

If Renting, Property Owner's Name: _____ Phone#_____

Nearest Relative Not Living in Household: _____ Relationship_____

Address: _____ Phone#_____

Date that you want service in your name: _____

Applicant's Signature: _____

Spouse/Roommate's Signature: _____