



ACCT. # \_\_\_\_\_  
ASSIGNED BY CITY

# City of Robertsdale Application for Utility Service

PLEASE PRINT

NAME \_\_\_\_\_ Requested Date of Service \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_  
ADDRESS CITY ST ZIP

OWN \_\_\_ RENT \_\_\_ IF RENTING, NAME AND PHONE OF LANDLORD: \_\_\_\_\_  
NAME PHONE #

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS):  
ADDRESS CITY ST ZIP

PHONE: HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ SOCIAL SEC. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE: STATE ISSUED: \_\_\_\_\_ # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_

HAVE YOU HAD PREVIOUS UTILITY SERVICE WITH THE CITY? NO \_\_\_\_\_ YES \_\_\_\_\_  
IF YES, PROVIDE SERVICE ADDRESS

SPOUSE _____		JOINT APPLICANT: _____	
_____		DATE OF BIRTH: MO _____ DAY _____ YEAR _____	
NAME		SOCIAL SEC. #: _____ - _____ - _____	
DRIVER'S LICENSE: STATE ISSUED: _____		# _____	
EMPLOYER _____		ADDRESS _____	
PHONE NO. _____			

REFERENCES:			
1) Relative _____	NAME	ADDRESS	(____) _____ PHONE
2) OTHER: _____	NAME		(____) _____ PHONE
3) OTHER: _____	NAME		(____) _____ PHONE

**Neighbors Helping Neighbors** is a program where your utility bill is rounded up each month to assist local utility customers. The average round-up amount is \$0.50 per month. You will be automatically enrolled in the NHN program unless you specifically decline. All money collected stays in our community. NO, I DO NOT WISH TO PARTICIPATE: \_\_\_\_\_

I hereby accept responsibility for this account and have received a summary of the City's Utility and Collection policy. I understand that utility service may be disconnected if any information furnished to the City is found to be fraudulent. I understand that utility services will not be provided until all applicable deposits and the non-refundable administration fee are paid.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse/Joint Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Signer \_\_\_\_\_ Date \_\_\_\_\_

If applicant is unable to complete application in person, the signatures must be notarized or witnessed by two witnesses.

\_\_\_\_\_  
WITNESS \_\_\_\_\_ Date \_\_\_\_\_

NOTARY SIGNATURE & SEAL \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
WITNESS \_\_\_\_\_ Date \_\_\_\_\_

City of Robertsdale  
Application for Utility Service (cont'd)

<b>OFFICE USE ONLY</b>			
City Employee Receiving Application _____			
SERVICE ADDRESS: _____	SUBD: _____	LOT NO. _____	
DATE RECEIVED: _____	W/O NO. _____	ACCOUNT NO. _____	
DATE SET: _____			
ELECTRIC DEPOSIT: \$ _____	WATER TAP \$ _____		
WATER DEPOSIT: \$ _____	SEWER TAP \$ _____		
GAS DEPOSIT: \$ _____	GAS TAP \$ _____		
	AID TO CONSTRUCTION \$ _____		
TOTAL DEPOSIT: \$ _____	NON-REFUNDABLE ADMIN. FEE: \$ _____		
LETTER OF CREDIT: ACCEPTABLE _____ UNACC. _____	<b>TOTAL DUE:</b>	\$ _____	
SERVICE DISCONTINUED BY CUSTOMER: _____	DATE _____	W/O NO. _____	
SERVICE DISCONNECTED FOR NONPAYMENT: _____	DATE _____	W/O NO. _____	
FINAL BILL AMOUNT: \$ _____			
LESS DEPOSIT: \$( _____ )			
BALANCE OWED: \$ _____			
REFUND DUE: \$ _____			
FORWARDING ADDRESS: _____			
	ADDRESS	CITY	STATE      ZIP

COLLECTION ACTIVITY:		
FINAL BILL: _____	LAST PAYMENT: _____	FOLLOW-UP LETTER: _____
SUBMITTED TO COLLECTION AGENCY: _____		
_____		
_____		

NOTES: _____
_____
_____