



# UTILITY CUSTOMER ACCOUNT UPDATE FORM

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

I WILL BE RESPONSIBLE FOR ALL SERVICES FURNISHED BY THE CITY OF PELL CITY UNTIL I HAVE HAD SERVICES DISCONTINUED. IF I FAIL TO PAY ANY OVERDUE AMOUNTS, I HEREBY WAIVE ALL EXEMPTIONS UNDER THAT CONSTITUTION OF THE STATE OF ALABAMA AND AGREE TO PAY A REASONABLE COST OF COLLECTION INCLUDING ATTORNEY'S FEES AND COST OF COURT. I ACKNOWLEDGE THAT SERVICES WILL BE DISCONTINUED FOR NON-PAYMENT AS STATED IN **ORDINANCE NO. 2004-1758**.

Customer Signature: \_\_\_\_\_

**City of Pell City Utility Department  
1905 1<sup>st</sup> Ave N.  
Pell City, AL. 35125  
205-338-2244**