

UTILITY DEPOSIT FORM

DATE: _____

INSIDE CITY LIMITS: _____ OUTSIDE CITY LIMITS: _____

RESIDENTIAL: _____ COMMERCIAL: _____ INDUSTRIAL: _____

CUSTOMER NAME: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME #: _____ CELL #: _____ 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 NUMER 2004-1758, 2012-4158.

CUSTOMER SIGNATURE

OFFICE USE ONLY

IF OUTSIDE CITY LIMITS, APPROVED BY: _____ DATE: _____

CUSTOMER # _____ ACCOUNT # _____

DEPOSIT AMOUNT \$ _____ CASH _____ CHECK # _____

METER FEE \$ _____ SEWER IMPACT FEE \$ _____

WATER INSPECTION \$ _____ SEWER INSPECTION FEE \$ _____

WATER CAPITAL RECOVERY FEE \$ _____ OTHER FEE \$ _____