



Utility Customer Account Update Form

Date: _____

Name: _____

Account #: _____

Social Security #: _____

Driver's License #: _____

Service Address: _____

Mailing Address: _____

Home#: _____ Work#: _____

Email: _____

Please Provide Us with Photo ID Along With This Form (or information update will not occur)

I WILL BE RESPONSIBLE FOR ALL SERVICES FURNISHED BY THE CITY OF PELL CITY UNTIL I HAVE HAD SERVICES DISCONNECTED. IF I FAIL TO PAY OVERDUE AMOUNTS, I HEREBY WAIVE ALL EXEMPTIONS UNDER THE 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-PAYMENTS AS STATED IN ORDINANCE NO. 2017-4737

Thanks Have a Great Day ☐

***Please return by fax 205-338-2320, mail 1905 1ST Ave N Pell City, AL 35125, or email support@cityofpellcity.net ***