



RUSSELLVILLE UTILITIES APPLICATION FOR UTILITIES RESIDENTIAL

(Please type or print clearly.)

SERVICE ADDRESS: _____

NAME: _____ Maiden: _____

MAILING ADDRESS: _____
(If different from service address.)

Home Telephone: _____ Work Telephone: _____

Email Address: _____ Cell Phone: _____

Date Services requested: _____ (Monday-Friday only) Own: _____ or Rent: _____

PERSONAL INFORMATION

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Last Residence: _____

Name of Employer: _____

Spouse or Roommate

First: _____ Middle: _____ Maiden: _____

Name of Employer: _____ Work Phone: _____

Name of Nearest Relative: _____ Relationship: _____

Relatives Address: _____

SERVICES REQUESTED:

Electric: _____ Water: _____ Gas: _____

Sprinkler: _____ Security Light: _____

The undersigned hereby makes application for electric and/or gas and/or water services and/or other services at the above address and agrees to pay for said services as measured by the UTILITY (Electric, Gas, and Water) Board's meters according to rates applicable.

The applicant agrees to permit authorized agents of the Boards free and safe access to the premises of the consumer for the purpose of inspection, reading, repairing or removal of property of the Board.

The board shall have the right but shall not be obligated to inspect any installation before electric, gas and/or water service is introduced, or at any later time, and reserves the right to reject any wiring, piping or appliances that are not in accordance with the Board's standards, but such inspection or failure to inspect or reject any wiring, piping or appliances shall not be regarded as insurance against defects in installation, wiring, piping or appliances and shall not render the Board liable or responsible for any loss or damage resulting from defects in the installation, wiring, piping or appliances or from violation of the City's ordinances or Rules and Regulations now in force or as may hereafter be adopted or from accidents which may occur upon customer's premises.

I further understand that I will be billed for these services monthly, with approximately fifteen (15) days to pay at the net amount of the bill and five (5) days to pay at the gross amount. I understand that failure to receive a bill does not relive me of the responsibility to pay.

In the event that I do not receive a bill, I will contact the Board's office for a duplicate bill. I understand that this will not change any normal discount dates or delinquent date.

I realize also that failure to pay five (5) days after the net due date will make my account delinquent and subject to be discontinued without further notice from the Board. I further agree to pay all collection and/or legal fees incurred by the UTILITY to collect my delinquent account.

I also agree that this application is subject to the City's ordinances and the Board's Rules and regulations now in force or as may hereafter be adopted, copies of which are open for inspection at the office of the Board, and that such ordinances, Rules and Regulation are a part of this agreement.

I also agree that this document, in digital or photocopy form, will be accepted as original.

Under penalties of perjury, I certify the information on the application to be correct.

Customer

Signature: _____ Date _____



RUSSELLVILLE UTILITIES

P.O. Box 1148
Russellville, AL 35653
Phone 256-332-3850
Fax 256-332-3027

Two forms of Identification (government issued) are required to establish service. One form of identification must come from group A.

A. Primary Forms of Identification

- *Valid Driver's License
- *Non-Driver ID
- *Gun Permit with Photo
- *US Military ID card
- *FAA Issued Pilots License
- *US Passport

B. Secondary Forms of Identification

- *Social Security Card
- *Birth Certificate (certified copy)
- *Voters Registration
- *Medicare or Medicaid Card
- *W-2 Forms
- *Hunting, Fishing or Gun Permit
(without photo)
- *Selective Service ID Card
- *Naturalization Document
- *Employee Identification Card

RUSSELLVILLE UTILITIES RENTAL VERIFICATION FORM

I own property located at this address:

which I rented to _____

on this date _____

My last rentor was _____

The utilities are on in my name: Yes No (Circle One)

I hereby verify this and authorize RUSSELLVILLE UTILITIES to connect and supply utilities to this property for the above listed rentor.

Date

Landlord or Manager's Signature

Phone #

This form must be presented at Russellville Utilities by all rentors before services can be supplied.