

ADDISON WATER WORKS  
P.O. BOX 98 ADDISON, AL 35540  
256-747-2971

NEW SERVICE APPLICATION  
"This institution is an equal opportunity provider."

Have you ever had service with Addison Water in the Past? ( ) Yes ( ) No How long ago? \_\_\_\_\_ yrs.

Do you currently have other active accounts with us? \_\_\_\_\_

If this is for a new meter to be set, do you plan to use the meter as soon as it is set? ( ) Yes ( ) No

Name: \_\_\_\_\_ Phone: ( ) -  
Last First MI

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Please note that persons listed above will be the only persons authorized to make changes to this account, including the discontinuance of service. You are required to have a photo I.D. to open an account in your name.

Billing Address: \_\_\_\_\_  
Number and Street City State ZIP

Service Address: \_\_\_\_\_  
Number and Street City State ZIP

Employer: \_\_\_\_\_  
Name Phone

Spouse Employer: \_\_\_\_\_  
Name Phone

Do you own this property? ( ) Yes ( ) No

If yes, previous owner's name: \_\_\_\_\_

If no, landlord's name's name: \_\_\_\_\_

Closest relative, not living with you: \_\_\_\_\_  
Name

Relationship to you Phone

I understand that my bill is due the same time each month. Failure to receive bill does not relieve me of payment obligation. No further notice will be sent.

I certify that the above information is true and correct. The Water Works has the right to discontinue service should the above answers contain fraudulent information. By signing this application, I am accepting the responsibility for the indebtedness of this account. I agree to pay all collection fees, court costs and/or reasonable attorney's fees If my/our account should become past due with Addison Water Works.

Signature Date Signature Date

For Statistical Purposes Only

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Circle One: Male / Female

BELOW FOR OFFICE USE ONLY			
NSF Collected\$ _____	CK. # _____	Date _____	By _____ Cert # _____
Rt/Acct _____	Meter \$ _____	1 <sup>st</sup> Reading _____	Final Reading _____