

UTILITY DEPOSIT FORM

DATE: _____

CUSTOMER NAME: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

OFFICE USE ONLY:

CUSTOMER # _____ ACCOUNT # _____

DEPOSIT AMOUNT \$ _____ CASH _____ CHECK _____