

RESIDENTIAL

CITY OF MOULTON

Moulton Utilities Application

720 Seminary St

Moulton, AL 35650

Water Department (P) 256-974-8941 (F) 256-974-1024

Gas Department (P) 256-974-8551 (F) 256-974-4821

CUST # _____

RECEIPT # _____

WORK ORDER # _____

DATE : _____

Account Name: _____

Service Address: _____

Own: ___ Rent: ___ Landlord Name: _____ Landlord Phone Number: _____

Billing Address: _____

Home Phone: _____ Work: _____ Cell: _____

Place of Employment: _____

Social Security #: _____ Driver's Lic Number: _____

Spouse's Name: _____ Phone#: _____

Spouse's Place of Employment: _____

Spouse's Social Security #: _____ Spouse's Work Phone #: _____

SERVICES REQUESTED *(If Available):*

Water **Yes \$100 Origination Fee Due**

Sewer **Yes**

Gas **Yes \$100 Origination Fee Due**

Garbage **Yes** *(Required if Available)*

What gas appliances do you have? _____

Person(s) to notify in case of Emergency other than account holder.

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number(s): _____ Phone Number(s): _____

Person(s) authorized to obtain information concerning this account other than account holder:

I am requesting the above service(s) and understand I am responsible for payment of the charges on this account until I notify Moulton Utilities I no longer want the service(s). I also understand the Account Origination Fee I paid is non-refundable, and will never be applied to my account. I hereby declare under penalty of perjury that I am a United States Citizen or I have a lawful presence in the United States.

Signature (Person Responsible for Account Payment)

Date