EAWD ONLY: New Acct.#: Directions:	<del></del>		ice Charge\$
EAST ALA	BAMA WATER, SEWER P O BOX 37/150 F6 VALLEY, A 334-756-7150, FA	OB JAMES DRIVE AL. 36854	N DISTRICT
APPLICATION	N FOR CONSUMER RES	SIDENTAL/COMMER	CIAL SERVICE
Date of Application:	R	equested Date of Sen	vice:
**Please have the following w. 3) Rental agreement(if renting		1) Drivers License	2) Social Security Card
Residential Service:			
Name of Applicant: Last			
Spouse/Co-applicant: Last		st	Middle Initial_
Commercial Service:			
Business Name:			
Business Name:			<del></del>
List names of all other adults living i	n the home:		
List names of all other adults living i	n the home:		
List names of all other adults living i  Address of New Service:  City:	n the home:State	ZIP	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from	n the home:Stateabove)	ZIP	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from	n the home:Stateabove)	ZIP	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from  City:	n the home:Stateabove)State	ZIP _ZIP	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from  City:  Home Phone:	n the home:StateStateState	_ZIP _ZIP t Phone:	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from  City:  Home Phone:  Applicant's SSN:	n the home:Stateabove)StateCell/Alt	ZIP  ZIP  t Phone:  vers License #:	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from  City:  Home Phone:  Applicant's SSN:  Spouse/Co-applicant SSN:	n the home:Stateabove)StateCell/Ali	ZIPZIP  ZIP t Phone: vers License #:	
	n the home:Stateabove)StateCell/Ali	ZIPZIP  ZIP t Phone: vers License #:	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from  City:  Home Phone:  Applicant's SSN:  Spouse/Co-applicant SSN:  Applicant's Employer:	n the home:Stateabove)StateCell/Ali	ZIPZIP  ZIP t Phone: vers License #:	
List names of all other adults living i  Address of New Service:  City:  Mailing Address(if different from  City:  Home Phone:  Applicant's SSN:  Spouse/Co-applicant SSN:  Applicant's Employer:  Work Phone #:	n the home:Stateabove)StateCell/Ali	ZIP ZIP t Phone: vers License #:	
List names of all other adults living in Address of New Service:  City:  Mailing Address(if different from City:  Home Phone:  Applicant's SSN:  Spouse/Co-applicant SSN:  Applicant's Employer:  Work Phone #:  Vould you like to participate in our E-Bit Nould you like to participate in our In Inc.	above)State  State  Applicant's Driv  Il program? ( )No ( )Yes  Bank Draft payment plan'	ZIPZIP t Phone: vers License #:  Email ? ( )No ( )Yes	
List names of all other adults living in Address of New Service:  City:  Mailing Address(if different from City:  Home Phone:  Applicant's SSN:  Spouse/Co-applicant SSN:  Applicant's Employer:  Work Phone #:  Would you like to participate in our E-Bit Would you Own or Rent the Property?	above)State above)State  Cell/AliApplicant's Driv  Applicant's Driv  Il program? ( )No ( )Yes Bank Draft payment plan  Own:Rent	ZIPZIP  ZIP  t Phone:  vers License #:  Email  ( )No ( )Yes	
List names of all other adults living in Address of New Service:  City:  Mailing Address(if different from City:  Home Phone:  Applicant's SSN:  Spouse/Co-applicant SSN:  Applicant's Employer:  Work Phone #:  Would you like to participate in our E-Bit Would you like to participate in our In Inc.	above)State  above)State  Cell/Alt  Applicant's Driv  Applicant's Driv  Il program? ( )No ( )Yes Bank Draft payment plan*  Own: Rent Is Name:	ZIPZIP t Phone: vers License #:  Email ? ( )No ( )Yes	

Date of disconnect:\_\_\_

If yes, list the latest address:

If no, list prior water utility provider:\_\_\_

If transferring service, list the service address of disconnect:\_

THIS APPLICATION IS A PERMANENT RECORD. IT IS IMPORTANT THAT YOU MAKE SURE ALL QUESTIONS ARE CORRECT. SHOULD THIS INFORMATION THAT YOU PROVIDE BE FALSE, YOUR SERVICE COULD BE SUBJECT TO TERMINATION WITHOUT FURTHER NOTICE. INFORMATION CONTAINED IN THIS APPLICATION IS FOR THE SOLE USE OF EAWD; AND THE ACCURACY OF WHICH MAY BE USED ONLY BY EAWD.

EAWD DOES NOT TELL OR SHARE ANY OF THE INFORMATION ON THIS APPLICATION UNLESS SPECIFIED BELOW.

EAWD RESERVES THE RIGHT TO REQUIRE AND/OR REQUEST ADDITIONAL INFORMATION OF AN APPLICANT SUCH AS, BUT NOT LIMITED TO, COPY A DEED OR RENTAL/LEASE AGREEMENT.

## **AGREEMENT**

The undersigned Owner(hereinafter called the "Customer") hereby makes an application for and agrees to take from the EAST ALABAMA WATER, SEWER & FIRE PROTECTION DISTRICT (EAWD) the service or services covered by this application at the address given above until Customer notifies EAWD in writing that Customer wishes to have the service or services disconnect, and agrees to be responsible for the payment of all bills for service/services at above address. Customer understands prompt payment for service is required in order to avoid termination of services at the above location. Customer acknowledges that each bill received is a stated account and that the amount due on a bill is deemed correct unless Customer contests the amount due within twenty(20) days of bill date. Customer understands that the connection/service fee is nonrefundable. As permitted by applicable law, EAWD reserves the right to transfer a Customer's prior delinquent account balance to this new account upon verification of the identity of the Customer.

Customer agrees to permit the authorized agents of EAWD access to the premises of the Customer for the purpose of inspection prior to the connection(s) of service of a type or character to determine that all service types comply with all applicable local, State, Federal Building Codes.

Customer agrees to pay at the regular schedule of rates, and comply with the rules and regulations of the Board making them part of the agreement, and agrees to keep all plumbing and fixtures of my premises in repair and promptly stop all leaks. I further agree to pay the water bill for the premises subscribed for by me at the office of the Board until I order the water cut off, or give notice to the Board of removal from said premises. For failure to comply with this agreement, or any part thereof, the Board may cut off the water from such premises without notice to me.

Customer agrees to permit the authorized agents of EAWD access to premises for the purpose of connecting, disconnecting, inspecting, testing, reading meters, repairing or removing any property of EAWD, and agrees not to permit anyone, including the Customer, to deface, damage, or otherwise tamper with the property of EAWD.

Customer agrees not to hold EAWD responsible, or to claim damages of any kind due to pressure increase/decreases, water system alterations, repairs and improvements.

EAWD makes reasonable provisions to insure satisfactory and continuous service, but it does not guarantee continuous service, and will not be liable for loss or damage caused by loss of service.

Customer authorizes EAWD to request and retain a credit report, payment history, and/or service verification on any person or entity making application for utility service from EAWD at any time and in its discretion. This information may be used for collection purposes. EAWD shall have the authority to report payment history to other utility service providers. EAWD shall have the authority to report to credit service(s) relevant payment information on all persons or entities listed above when payment of the utility account remains delinquent for more than sixty(60) days. EAWD shall have the authority to refer the utility account which remains delinquent for more than sixty(60) days to a third party for collection purposes. EAWD shall have the authority to file suit to collect amounts owed to EAWD for utility services and charges that remain delinquent for more than sixty(60) days. In the event EAWD files suit to collect amounts owed, the Customer shall be responsible for all attorney's fees and costs of collection. All applicants, and responsible adults whose signatures are below are subject to the provisions of this document.

I/we certify that the information provided for this application are true and correct, and that I/we have read this application in its entirety and understand it contents.

Owner/Customer	Date:
	Date:
Owner/Customer	