

Date: _____

LIMESTONE COUNTY WATER AND SEWER AUTHORITY
POST OFFICE BOX 110
ATHENS, ALABAMA 35612
APPLICATION FOR RESIDENTIAL SERVICE

NAME OF ACCOUNT HOLDER: _____

MAILING ADDRESS: _____

ADDRESS OF NEW SERVICE (if different from mailing address): _____

BEGINNING DATE OF NEW SERVICE: _____

SOCIAL SECURITY NUMBER: _____ D.L. NUMBER: _____

HOME TELEPHONE NUMBER: _____ ALT. NUMBER: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE NUMBER AND IMMEDIATE SUPERVISOR: _____

SPOUSE'S NAME: _____

SPOUSE'S SOCIAL SECURITY NUMBER: _____ D.L. NUMBER: _____

SPOUSE'S EMPLOYER: _____

LIST **ALL** INDIVIDUALS WHO WILL BE RESIDING AT ABOVE RESIDENCE: _____

DO YOU OWN THE PROPERTY THAT YOU ARE MOVING TO? _____

IF RENTING, PLEASE GIVE THE OWNERS NAME: _____

OWNER'S STREET OR MAILING ADDRESS: _____

OWNER'S TELEPHONE NUMBER: _____

HAVE YOU OR ANY FAMILY MEMBER HAD SERVICE WITH US BEFORE: _____

IF SO, AT WHAT ADDRESS: _____

WHAT NAME WAS THE SERVICE IN: _____

DATE OF DISCONNECT: _____

*****PLEASE NOTE THAT A FINAL BILL WILL BE DUE APROX. 30 DAYS UPON DISCONNECTION OF SERVICE**

Date: _____

PLEASE LIST THE NAMES AND ADDRESSES UNDER WHICH YOU HAVE HAD SERVICE FOR THE PAST FIVE YEARS: _____

This application is a permanent record. It is important that you make sure ALL answers are correct. This application and all future utility services shall be subject to and governed by the Rules and Regulations of the Limestone County Water and Sewer Authority. Should the information you provided be false, your service could be subject to termination without further notice.

I understand and agree that I will be responsible for service at the above address until I notify Limestone County Water and Sewer Authority in writing that I wish to have the services turned off. I, the undersigned, hereby agree that I shall be responsible for the payment of all bills for utility services at the above address. I understand prompt payment for service is required in order to avoid termination of service at the above location. I understand that the connection fee is non-refundable.

I, the undersigned, certify that the above information is true and correct and that I have read this application in its entirety and understand its contents.

Information obtained on this application is for the sole use of Limestone County Water and Sewer Authority. Limestone County Water and Sewer Authority does not sell or share any of the information on this application.

Witness

Applicant's Signature

DO NOT WRITE IN THIS AREA-WATER AUTHORITY USE ONLY		
CUSTOMER # _____	WORK ORDER # _____	CLERK _____