

NEW SERVICE APPLICATION

ODENVILLE UTILITIES BOARD
P.O. BOX 88
14487 US HIGHWAY 411
ODENVILLE, AL 35120
205-629-5801

NAME:		_ EMAIL:		
SPOUSE:		_ # IN HOUSEHOLD:		
SERVICE LOCATION (STREET ADDRESS):		MAILING ADDRESS (IF DIFFERENT):		
CELL PHONE: WOR		HOME:		
CUSTOMER SS# OR TAX ID	#:			
EMPLOYER NAME:				
OWNER NAME – IF PROPER	RTY IS RENTAL:			
In making this request to rece following:	ive water service from	the Odenville	Utilities Board, I h	nereby agree to the
claim for damages at 3. To maintain my plum plumbing system. 4. To not allow the conwater service to any connection and will removed. 5. To be bound by the Cand from time to time	or casional stoppage of vor improvements to the crising from such stopped in the crising and fixtures in go nection to my plumbin other residence or dw subject me to immediate amended.	vater flow due e water systen page, including pod working co g system of ar elling. It is und ate disconnec	to accidental danger, is unavoidable disconnection for and to property water piping for derstood that this tion until such ille Rules and Regula	and agree to make no or non-payment. comptly repair leaks in my or the purpose of providing will constitute an illegal egal connection is
6. An applicable secur	ity deposit and \$15 ac o	<u>count set-up 1</u>	<u>'ee</u> are required w	vith this service request.
SIGNATURE:			DATE:	
	FOR OFFICE USE	: CLERK:		
DEPOSIT AMOUNT: \$	CASH:C	CHECK#:	CARD:	DATE:
ACCOUNT #:	CUSTOMER #:		TURN O	N DATE: