

Payment Location: 600 Barry Street (M-F 7 AM-4:30 PM) Phone: (256) 831-5618 Fax: (256) 831-9063

	Directions:		e" below. Review and fi				
		APPLICATIO	ON FOR COMMER	CIAL WATER S	SERVICE		B ANN A
 NOTICE: To establish a commercial water service account, all applicants must present the following items at the time of application: Copy of rental agreement, warranty deed, or lease Full name(s), Social Security Number(s) and valid, government-issued identification for listed purchasers or lessees of the premise Federal Tax ID Number(if applicable) 							
	e initiated by the close of oard has a New Service/						
		SEI	RVICE ADDRESS	NFORMATION			
Own	Lease/Rent	If leasing / ren	ing property, Landlord	Name:	Phone	e:	
Service Address:	-					an dealer and a	
Billing/Mailing Add	ress (if different than Ser	vice Address):			in the second	مغلبهم والمع	
City:			State:	Zip	Code:		
Requested Date of S	ervice :						
		COMMI	ERCIAL APPLICA	NT INFORMAT	ION	all Lines Childs	
Name of Business :					Phone	2:	
DBA (Doing Busine	ss As, if different than ab	ove:					
Federal Identification	n No. or SSN of Owner						
Type of Business					Phone	:	
	Name	Title	CONTACT INFO	RMATION	Telephone No.		
1							
2							
3							
			APPLICANT(S) S	GNATURE			
Applicant:	Date:						
Title/Position							
TYPE OF SERVICE F	REQUESTED;						
	3/4 inch	1 inch	1.5 inch	2inch	3 inch	4 inch	6 inch