



CITY OF NORTHPORT

WATER OFFICE

3500 McFarland Blvd

PO Box 627

Northport, AL 35476

(205) 339-7024 Fax (205) 333-3005

Office Hours Monday-Friday 8:00 a.m. - 4:30 p.m.

Residential Utility

Service Application

www.cityofnorthport.org

Disclosure Statement:

The City of Northport will follow strict rules to protect a customer's confidentiality. The personal data collected, such as name and address, are protected by the Privacy Act. The information gathered will also be used for debt collection purposes if necessary. This information is considered sensitive and is protected by the Privacy Act which requires the records to be maintained with appropriate administrative, technical and physical safeguards to ensure their security and confidentiality. It will not otherwise be disclosed or released, except as permitted by law.

Please Print

Date of Application: _____ Service Request Date: _____

Applicant's Name: _____

Service Address: _____ City: _____ State: ___ Zip: _____

Mailing Address (if different): _____ City: _____ State: ___ Zip: _____

Applicant's Drivers License # _____ State: _____ Expiration Date: _____

Applicant's Social Security # _____ - _____ - _____ Applicant's Date of Birth: _____

Home Phone#: () _____ Cell Phone#: () _____

E-mail Address: _____

Spouse Name: _____

Spouse's Driver's License #: _____ State _____ Expiration Date _____

Spouse's Social Security # _____ - _____ - _____ Spouse's Date of Birth: _____

Have you or your spouse previously had water service with the City of Northport? () Yes () No

Do you own _____ or rent/lease _____ the property, service is being established for?

If renting or leasing please provide the following information with copy of lease:

Landlord's Name: _____ Landlord's Phone: () _____

Landlord's Address: _____ City: _____ State: _____ Zip: _____

If you are a student, please provide the following information:

Parent's Name: _____ Parent's Phone #: () _____

Parent's Address: _____ City _____ State ___ Zip _____

Employment Information:

Applicant's Employer: _____ Work Phone: () _____

Employer's Address: _____ City _____ State ___ Zip _____

Spouse's Employer: _____ Work Phone: () _____

Employer's Address: _____ City _____ State ___ Zip _____

PLEASE READ THE SERVICE AGREEMENT AND SIGN THE BACK OF THIS APPLICATION



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Service Agreement

SANITARY SEWER CONNECTION (New Connections Only)

Installation Date Requested: ____/____/____

CONDITIONS OF SERVICE

- ◇ The connection shall be made under the observation of the City.
- ◇ No backfill shall be placed until the work has been inspected by the Wastewater Treatment Plant Personnel.
- ◇ Minimum 1 day notice
- ◇ Person making the connection must submit a performance bond for any construction within public right-of-way or easement.

The undersigned hereby makes application for utility service(s) and agrees to pay for said services as measured by the City's meters according to rates applicable at the above address and any other location that may be incurred as a result of a request to transfer the account until Northport Water receives a request to discontinue services. The applicant agrees that this application is subject to the City's Ordinances, and its Rules and Regulations now in force or as may hereafter be adopted, copies of which are open for inspection at the Office of the City, and that such Ordinances, Rules and Regulations are a part of this agreement. A service fee will be charged for any remittance returned from your financial institution. As a security for payment of bill for services rendered, this deposit will be refunded after services have been discontinued less any unpaid balance then due to the City of Northport. The applicant agrees to permit an authorized agent of the City free access to the premises of this consumer for the purpose of inspecting, reading, repairing, or removing property of the City.

****Copy of Driver's License Below**

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

*****FOR OFFICE USE ONLY*****

C# _____

Deposit _____ Set-Up Fee _____ Service Order _____

WDF _____ SDF _____ MTF _____ MCF _____

Please Circle One:

Cash Check# _____ MO# _____ VISA MC DISC

Clerk's Signature: _____

Date _____