



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.

**Commercial Utility
 Service Application**

www.cityofnorthport.org

Disclaimer

ACTIVATION OF SERVICE REQUIREMENTS:

- () Complete Application () Valid Driver's License () All Fees & Deposits paid
 () Copy of Current/Active Northport Business License () Copy of Current Property Deed or Rental/Lease Agreement with the
 Owner's Name, Address, and Phone Number

SANITARY SEWER CONNECTION

Installation Date Requested: ____/____/____

Type of Building to be connected:

- () Multi Family Residential () Single Family Residential () Hotel/Motel () Public Assembly
 () Storage/Warehouse () Service Station/Repair () Business Use () Store/Mercantile
 () Accessory Building () Restaurant () Industrial/Factory () Other: _____

**If Industrial, must obtain APPLICATION FOR DISCHARGE PERMIT from the Wastewater Treatment Plant Office. (205) 752-5907.*

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.

Please Print

Date of Application: _____ Service Request Date: _____

Business Name: _____

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

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

Business Phone: () _____ Business Fax: () _____

Owner's Name: _____ Owner's Home Phone: () _____

Owner's Social Security # _____-_____-_____ Northport Business License No.: _____

Type of Business Entity: **(Check only one)**

() Corporation () Partnership () Sole Proprietor () Other (specify) _____

For corporations, please list the name(s) of the principal officer, if different than owner: _____

Federal Identification # _____-_____ **(If applicable)**

Name of contact person, if different than owner: _____

Contact Person's Home Phone: () _____

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

If renting or leasing your business location, please provide the following information:

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

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

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



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Service Agreement

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.

Applicant's Signature: _____

Date: _____

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

Service Order# _____

Meter Deposit _____ Meter Installation _____ Set-Up Fee _____ Connection Fee _____

Water Dev. Fee _____ Sewer Dev. Fee _____

Please Circle One:

Cash Check# _____ MO# _____ VISA MC DISC

() City Engineer () Revenue Officer () Zoning Administrator () Building Inspector

Business License Officer's Approval: _____ Date _____

Clerk's Signature: _____ Date _____