

City of Piedmont Utilities Department 128 S Center Ave 256-447-3560

Application for Residential Utility Services-requires proof of ownership or lease agreement and state issued photo ID. Applications will be processed and you will be notified of results within 4 hours of submission.

APPLICANT INFORMATION									
Last Name:		First Name:				SSN:			
Previous last names or any other names or any other names of a second seco	me you go by	or have gone by:				-			
Telephone #1 (home,cell,work): Telephone #2 (home,cell,work):				Driver's License/State Issued ID (State/Number):					
				DOB:					
Have you ever had services with the City of Piedmont?				YES				NO	
If YES, list service address(es):									
mployer Name: Employer Address:				Employer Phone Number:					
Alternate Contact Name and Phone	Number:								
		CO-APPLICANT IN	NFC	ORMATION					
**Your spouse is <b>NOT</b> presumed to I information will be shared unless the			e a	dded and pres	sent proper	ID at the	e tim	e of the applica	ition. No
Last Name, First:		SSN:				Relatio	n:		
Driver's License/State Issued ID (Stat	te/Number):			(	Contact Nu	l umber:			
DOB:									
	S	ERVICE LOCATION	IIN	FORMATION	N				
Service Address:									
Rent						Ow			
Landlord Name:				If mailing add address here:		erent fro	m sei	rvice address, li	st mailing
Landlord Address:									
Landlord Contact Number:									
List ALL occupants who will reside in	the home:								
				Age 18 or old		YES	⊢	NO	<u> </u>
				Age 18 or old		YES YES	$\exists$	NO NO	-⊢
				Age 18 or old		YES	$\exists$	NO	
				Age 18 or old		YES		NO	
				Age 18 or old		YES		NO	

## QUESTIONAIRE

Is the <b>sole</b> source of income for your household SSI? (You may qualify for free garbage and/or be exempt from late penalties; proof is required)	YES	NO 🗌
If YES, at what time of the month do you receive benefits?		
The City of Piedmont offers automatic bank drafting of your utility payment on the 10th of each month. Are you interested in this service? (additional form required)	YES	NO 🗌
The City of Piedmont offers email billing as an alternative to paper statements. Are you interested in receiving email bills? (additional form required)	YES	NO 🗌

I (applicant/co-applicant) hereby request the City of Piedmont to provide utility service at the above address. By signing this application, I (applicant/co-applicant) acknowledge that all information on this application is true, understand that the City of Piedmont uses a third party vendor to determine minimum deposits based on credit and account history, and understand that all deposits must be paid prior to connection of service.

Applicant	Date
Co-applicant	Date

FOR OFFICE USE ONLY

Date Received:		Received By:
Deposits:		Online Utility Exchange:
Electric	\$	Report #:
Water	\$	
Sewer	\$	Deposit Decision:
Gas	\$	High Risk
Does customer need	garbage?	Low Risk
YES	NO NO	Customer declined report
Result of Application:		completed Service Application agreement ervices not set up