**RESIDENTIAL**

**WEST LAUDERDALE WATER AUTHORITY**

3353 COUNTY ROAD 200 \* FLORENCE, AL 35633

(P) 256-766-8787 (F) 256-766-8774

WEB SITE: WLWA1 \* E-MAIL: wlwa1@hotmail.com

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Own: \_\_Rent: \_\_Landlord Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landlord Ph#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph#:\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security# \_\_\_\_\_\_\_\_\_\_\_\_\_Drivers Lic#\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_

Spouse Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Social Sec#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICE ORIGINATION FEE (NON-REFUNDABLE) $100.00**

**DRIVING DIRECTIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I am requesting the above service and understand I am responsible for payment of the charges on this account until I notify West Lauderdale Water in writing that I no longer want this service. I also understand the Account Origination Fee is non-refundable, and will never be applied to my account. I hereby declare under penalty that I am a United States Citizen or I have a lawful presence in the United States.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Person Responsible For Account Payment) Date

 OFFICE USE

ACCT# \_\_\_\_\_\_\_\_\_\_

REC#\_\_\_\_\_ O.P.\_\_\_\_

CASH\_\_\_CK#\_\_\_\_\_ CC\_\_\_ MO#\_\_\_\_\_\_

CC

Gender: Male\_\_\_\_\_ Female \_\_\_\_\_

Race: White\_\_\_Black/African American\_\_\_ American Indian/Alaska Native \_\_\_\_

 Asian \_\_\_ Native Hawaiian or Other Pacific Islander\_\_\_\_

Ethnicity: Not Hispanic or Latino\_\_\_\_ Hispanic or Latino