

RESIDENTIAL

WEST LAUDERDALE WATER AUTHORITY
3353 COUNTY ROAD 200 * FLORENCE, AL 35633
(P) 256-766-8787
WEB SITE: wlwal.com * E-MAIL: admin@wlwal.com

Date: _____

Account Name: _____

Service Address: _____

Billing Address: _____

Own: ___ Rent: ___ Landlord Name: _____ Landlord Ph#: _____

Ph#: _____ Emergency # _____ Email _____

Social Security# _____ Drivers Lic# _____ DOB _____

Spouse Name: _____ Spouse Social Sec# _____

Spouse Ph# _____

SERVICE ORIGATION FEE (NON-REFUNDABLE) \$100.00

DRIVING DIRECTIONS

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# _____