



CITY OF DOTHAN
NEW CUSTOMER APPLICATION FOR SERVICE

Instructions to Applicants

As part of the Dothan Utilities application process, we obtain a consumer report through OnLine Utility Exchange on all new applicants. As a result, we are requesting you fill out and sign this Application for Service to process the consumer report and verify responsibility for service. Deposits range from \$100 to \$500 depending on credit history.

ADDRESS (for which you are requesting service): _____

Are you: [] Owner of property [] Renting property
Be prepared to provide proof of purchase, intent to purchase, or a lease agreement.

Date Service Requested: _____

First, Middle, Last Name: _____

Telephone #: _____ Drivers Lic #: _____

SSN: _____ Date of Birth: _____
(Social Security Number will be safeguarded & only used for its intended purpose)

E-Mail Address: _____

Are you interested in e-notification? Yes [] No []

Are you interested in automatic payments? Yes [] No []

Note: The applicant hereby agrees to provide the City of Dothan, to the extent the applicant has interest, construction and maintenance easement, including ingress and egress, over, under, across, and upon the applicant's property for the purpose of providing electrical and/or water service to the applicant. By signing the Application for Utility Service, the customer agrees to be responsible for payments for all bills incurred under this contract. The customer also agrees to maintain a sufficient deposit per the Code of Ordinances of the City of Dothan, Alabama. In the event that it becomes necessary to take action on a delinquent bill, the customer will be responsible for all collection fees, attorney's fees, and court costs.

Signature: _____ Date: _____

Connection Fees: \$25.00 before 12:00pm, \$35.00 after 12:00pm

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Post Office Box 6728 · Dothan, Alabama 36302
[334] 615-4100 · fax: [334] 615-4119 · www.dothan.org

For Office Use Only:
Customer ID _____ Location ID _____ Services Provided _____

OnLine Utility Exchange Report Number: _____ Deposit Amount: _____