

CITY OF FAIRHOPE  
161 NORTH SECTION STREET  
PO DRAWER 429  
FAIRHOPE, AL 36533  
(251)928-2136 FAX: (251)928-6776

METER DEPOSIT

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PH: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PH: \_\_\_\_\_

NAME, ADDRESS & PHONE # OF NEAREST RELATIVE NOT LIVING WITH YOU:

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

I HEREBY AGREE TO ABIDE BY ALL SERVICE RULES AND REGULATIONS OF THE CITY OF FAIRHOPE. IF THIS ACCOUNT IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, I AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING COURT COSTS AND REASONABLE ATTORNEY FEES. I FURTHER AGREE TO PAY 12% ANNUAL INTEREST ON ANY UNPAID FINAL AMOUNT BEGINNING ITS DUE DATE.

THE APPLICANT ASSUMES ALL RESPONSIBILITY FOR ANY DAMAGE ON THESE PREMISES WHICH MAY BE CAUSED BY THE EXECUTION OF THIS ORDER.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

I HEREBY GUARANTEE THE ABOVE CORPORATE ACCOUNT AND AGREE TO BE BOUND INDIVIDUALLY:

IND \_\_\_\_\_ TITLE \_\_\_\_\_

IND \_\_\_\_\_ TITLE \_\_\_\_\_

IND	DESCRIPTION	TITLE	AMOUNT
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SERVICE TO START EFFECTIVE DATE: \_\_\_\_\_