

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

BUSINESS METER DEPOSIT

BUSINESS NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: () _____ TAX ID# _____

EMAIL ADDRESS: _____

OWNER NAME _____

PHONE: () _____ DOB: _____ SS# _____ DL# _____

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: _____

SERVICE TO START EFFECTIVE DATE: _____

ACCOUNT: _____ CID: _____