

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

RESIDENTIAL METER DEPOSIT

email: cashiers@fairhopeal.gov
Fax# 251-302-7544

NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

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

PLACE OF EMPLOYMENT: _____ PH: _____

EMAIL ADDRESS: _____

NAME OF SPOUSE _____

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

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.

I ASSUME RESPONSIBILITY FOR THE MAINTENANCE OF NATURAL GAS PIPING PAST THE METER IF NATURAL GAS IS SUPPLIED BY FAIRHOPE PUBLIC UTILITIES.

DATE: _____ SIGNED: _____

SERVICE TO START EFFECTIVE DATE: _____

** For office use only. Not required to fill out**

ACCOUNT: _____ CID: _____

After form has been completed our team will call the number provided to collect payment of deposits. We can accept any card other than American Express