

RESIDENTIAL

WEST LAUDERDALE WATER AUTHORITY
3353 COUNTY ROAD 200 * FLORENCE, AL 35633
(P) 256-766-8787 (F) 256-766-8774
WEB SITE: WLWA1 * E-MAIL: wlwa1@hotmail.com

Date: _____

Account Name: _____

Service Address: _____

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

Billing Address: _____

Home Ph#: _____ Cell Ph# _____ Work Ph# _____

Place of Employment: _____

Social Security# _____ Drivers Lic# _____

Spouse's Name: _____ Ph# _____

Spouse's Place of Employment: _____

Spouse's Social Security# _____ Spouse's work ph# _____

SERVICE ORIGINATION FEE (NON-REFUNDABLE) \$100.00

Emergency Contact other than persons listed above:

Name: _____ Phone# _____

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

Gender: Male ___ Female ___

Race: White ___ Black/African American ___ American Indian/Alaska Native ___

Asian ___ Native Hawaiian or Other Pacific Islander ___

Ethnicity: Not Hispanic or Latino ___ Hispanic or Latino ___