

WATER WORKS & SEWER BOARD OF HEFLIN

P. O. BOX 488

HEFLIN, AL 36264

APPLICATION FOR SERVICE

Name: _____

Name of _____

Spouse: _____

Service _____

Address: _____

Mailing _____

Address: _____ City: _____ State: _____ Zip _____

Phone #'s Home: _____ Cell: _____ Work: _____

*Social Security No: _____ *Spouse's Social Security No: _____

Driver's License No: _____ Spouse's Driver's License No: _____

Employer's _____

Employer: _____ Address: _____ Phone # _____

Name, Address, and Phone No. of your nearest living relative not living at this address: _____

Do you own this property? _____

Owners Name and Address if different from above: _____

Phone No. _____

****Have you, your spouse or anyone in the household had previous service with the Heflin Water Works & Sewer Board? _____**

Name & Address for previous service: _____

Bills are due on the 1st of each month and will be considered PAST DUE if not paid by the 10th. A 10% Late Fee will be added to all PAST DUE accounts. If service is discontinued for Non-Payment, customer must pay the bill in full plus RECONNECT FEES to re-establish service. A Fee of \$25.00 will be charged for all returned checks. A copy of rates will be provided upon request. I certify that the information I have provided is true and correct and I understand that service can be discontinued for providing false information. I understand that I will be responsible for all collection fees and reasonable attorney's fees if applicable. *I understand that the Water Works and Sewer Board of Heflin will not be responsible for any water damage caused by faulty plumbing or hot or cold water fixtures that have been left on at this address.*

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

*Social Security Numbers are optional. You cannot be denied water or sewer service if you do not provide a Social Security Number. **All old accounts must be satisfied before service is established.

CHECK HERE IF YOU NEED A GARBAGE CAN