The Utilities Board of Rainbow City

Application for Service

Date of Application: _____ Requested Date of Service: _____

For Commercial Service:

Business Name: _____

Contact Name: _____

Nature of Business: _____

The name(s) in which the account appears will be the person responsible for payment

Customers applying for service must remit an Activation Fee.

Service Address: _____

Mailing Address (if different from above address: _____

_____

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____

Do you own or rent the property? Own ___ Rent _____ Comment: _____

Landlord/owner & contact number: _____

Landlord/Owner Address: _____

OFFICE USE ONLY

Account # _____

Amount: $_____

Work Order # _____

Method of Payment:

Cash Check _____ Card

Voluntary Donation to Rainbow City Schools

In 2016, the Utilities Board of Rainbow City began collecting donations to help our area schools. These donations are collected throughout our fiscal year and then and at year end these donations are equally distributed to these schools.

The donation is $0.25 on each bill, or $3.00 per year.

Would you like to participate in this donation? Yes _____ No_____

Would you like your monthly bill emailed to you? Yes_____ No_____

Would you like to receive alerts via email or text? Yes _____ No_____

In the event that water is going through the meter at time of connection (possible leak, faucet left open, etc.) would you like to: (please check one)

_____leave the meter left on, Rainbow City Utilities will not be responsible for any damages that may occur, or

_____turn the meter back off and unlocked and I will turn the meter on myself. I understand that if I am unable to turn the meter on myself, it may be the next **business** day before Rainbow City Utilities personnel are available to turn the meter back on.

I certify that the information I have provided is true and correct to the best of my knowledge. I also certify that I have received a copy of the Terms for Water/Sewer Service.

_____ _____

Customer Signature Date

_____ _____

Spouse/Co-Applicant Signature Date

Office Staff Initials: _____ Date:_____