

The Utilities Board of Rainbow City

Application for Service

Email to: info@rbewater.net

Date of Application: _____ Requested Date of Service: _____

Residential Service

Name of Applicant: (Last) _____ (First) _____ (MI) _____

Spouse/Co-Applicant: (Last) _____ (First) _____ (MI) _____

Commercial Service

Business Name: _____

Contact Name: _____

Nature of Business: _____

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: _____

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

Customers applying for service must remit an Activation Fee.

OFFICE USE ONLY

Account # _____

Amount: \$ _____

Work Order # _____

Method of Payment:

Cash Check _____ Card

Residential: Garbage Billing

Monthly garbage service is included on each bill. The charge for this service is \$17.00 per month for one garbage can. If additional cans are required, please contact Republic Services, 1-800-810-6601.

Commercial/Business properties provide own trash service.

All current and future garbage-related concerns will be directed to Republic Services or Rainbow City Hall.

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 _____

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: _____