Agreement for Resumption of Service

| Name: |
|--|
| Service Address: |
| Type of Service: Water Gas Gas |
| Work Phone: |
| Home Phone: |
| I request water/gas service at the above address. I agree to pay for said service according to the Board's Schedule of Rates. I also agree to comply with the Board's Rules and Regulations. I acknowledge that the Board's Rules and Regulations and Schedule of Rates are available for my review at the office of the Board during regular business hours. I agree that failure to pay or comply will result in the service being cut off. If I fail to pay for the service, I agree to pay all costs of collection including a reasonable attorney fee, and waive all my rights of exemption |
| from execution under the Constitution and Laws of the State of Alabama. |
| The board may enter upon my premises at any time install, inspect, read, repair, or remove and property of the Board. I agree that the installation and maintenance of all my plumbing, piping, fixtures, appliances and low-pressure sewer pump systems are my responsibility. |
| IT IS IMPORTANT THAT YOU THOROUGHLY READ THIS AGREEMENT BEFORE YOU SIGN IT. |
| A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED FOR THIS DOCUMENT TO BE ACCEPTED. PLEASE EMAIL IT TO ATYOURSERVICE@UBON.US ALONG WITH THIS FORM OR TEXT IT TO (205) 446-5757. |
| Applicant Signature: |
| (Typing your name on the line above will serve as your digital signature) |
| Date: |
| Utility Clerk: |