

ISSUE DATE _____
EFFECTIVE DATE _____
CUSTOMER NO. _____

THE UTILITIES BOARD OF THE CITY OF GULF SHORES
P.O. Box 1229, Gulf Shores, AL 36547-1224
251-968-6323

APPLICATION/PERMIT FOR SERVICE

PERMIT NO. _____
NEW SERVICE ☐ TRANSFER ☐
RE-ESTABLISHMENT ☐ UPGRADE ☐
CONVENIENCE SERVICE ☐

NAME _____ CELL _____
HOME _____
WORK _____

SERVICE ADDRESS _____

Dr. Lic. _____

BILLING ADDRESS _____
ALTERNATIVE ADDRESS _____

Soc. Sec. No. _____

LEGAL DESCRIPTION OF PROPERTY TO BE CONNECTED

Subdivision _____ Unit _____ Blk _____ Lot _____
Tax Map No. _____ Parcel _____
Other Description _____

ACCOUNT INFORMATION

Permanent, Single-Family Residential & In-Home Commercial

Installation Fee: Water \$ _____ Sewer \$ _____
Owner _____ Non-Owner _____

Multi-Unit Residential

No. of Units _____ Type of Units _____
No. of Equivalent Units: Water _____ Sewer _____
Installation Fee: Water \$ _____ Sewer \$ _____

Commercial

Assigned Potential Peak Demand: _____ gpm.
Installation Fee: Water \$ _____ Sewer \$ _____

I understand that these connections apply only to the property described above, and that connection must be made within six (6) months or continued construction in evidence.

I agree to notify Gulf Shores Utilities in advance of any change in the nature or characteristics of service from that stated above and to pay any additional applicable fees in effect at that time.

If for any reason service is not available to the described property, all fees will be returned and permit becomes null and void.

I understand that this application, if for water service, is for potable water service only and that Gulf Shores Utilities does not make any representations regarding the availability or adequacy of flows and pressures for the purposes of fire fighting.

White/Gold = Customer Copy Yellow = Transfer File Pink = Drawer

If this application includes sewer service, the separate forms entitled "Additional Sewer Requirements" and "Agreement for Sewer Service Via Pressure System", as applicable, are hereby made part of this application.

I, the Applicant, certify that the above information is true and correct and that I have read and understand the conditions of service set forth.

Print Name _____

Signature _____

Date _____

BANK DRAFT YES _____ NO _____ (Complete Bank Draft Form)

DEPOSIT DUE: (Not Interest Bearing) \$ _____
RE-ESTABLISHMENT FEES DUE: \$ _____
INSTALLATION FEES DUE: \$ _____
TRANSFER FEE: \$ _____
OTHER _____: \$ _____
TOTAL AMOUNT DUE: \$ _____
PAID THIS DATE: \$ _____

The above Applicant, for the service location and type, is identified above and in accordance with the conditions of service herein set forth above, is authorized to obtain service from the Board, upon full payment of any balances due as set forth above.

Authorized Signature _____

OFFICE USE: CUSTOMER:
CLASS _____
CATEGORY _____
RATE CODE _____