



The City of
TROY

Utilities Department

P.O. Box 549 · 306 East Academy Street · Troy, Alabama 36081
Phone: 334.566.0177 · Fax: 334.808.7404

APPLICATION FOR UTILITIES

(A current driver's license or other valid form of identification is required for all applicants)
(PLEASE PRINT)

Type of Customer (Check One): Residential Apartment Mobile Home (Check One: New Set-Up Established Set-Up)
 Commercial/Industrial Construction *(Application must be verified with Licensing & Inspection Dept)*

Type of Service (Check One): New Connect Disconnect Transfer Change

Service Property Status: (Check One): Own Rent *(Must present a copy of the lease, if renting)* Remodel New Construction Other _____

Account Information

Name of Applicant: _____ Date: _____

Business Trade Name (if applicable): _____

Address: Service: _____

Billing: _____

Telephone: _____ Billing Contact: _____

Bank Draft *(Please check if you are interested in having your monthly payments debited directly from your bank account.)*

Desired Date: Service Connection _____ Disconnect _____ Change _____

If applicant is a tenant: Landlord's Name _____ Landlord's Telephone _____

Employment Name, Address, & Telephone: _____

Birth Date: _____ Drivers License # / SSN / Other ID: _____

Transfer Information

Transferring From Service Address: _____

Transferring From Service Account Number: _____ Desired Transfer Disconnect Date: _____

Applicant agrees to abide by all City Ordinances & Rules. Service is exclusively for the Applicant. Bills are due and payable in a manner & time indicated on the bill. Service may be denied without notice for delinquency in payment or violation of law and/or City ordinances, rules or regulations. Applicant does hereby swear or affirm that all information supplied on this application is complete and accurate.

Applicant Signature: _____ Date: _____

THIS SPACE RESERVED FOR OFFICE USE ONLY

Property Zoning Classification: _____ Is the usage of this property in accordance with the zoning regulations? Yes No

Current City of Troy Business License? Yes No License # _____ Building Permit _____

Application Reviewed By: _____ Date: _____

Deposit Required: Electric _____ Water _____ Garbage _____ Transfer _____ Landlord _____

Deposit Received: Date _____ Amount _____ Cash Check (# _____) Credit Card Cashier's Initials: _____

Copies attached to application: Current Drivers License Business License Building Permit Lease Other _____

Application Reviewed By: _____ Application Received By: Office Mail Fax _____