

NOTASULGA WATER AUTHORITY  
**CUSTOMER ORDER FORM**



76 West Main Street  
Notasulga, AL 36866  
(334) 257-1454 PHONE  
(334) 257-4645 FAX

NOTE: Where there has been a change in property ownership or tenancy, thereafter, the water service is temporary and subject to shut off without further notice pending satisfaction of Waterworks Authority requirements. The water service can only become permanent upon satisfaction of Waterworks Authority requirements, including payment of outstanding bills, completion and signing of this form, and presentation of verifiable proof of ownership.

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

DO YOU HAVE (OR EVER HAD) A NOTASULGA WATER ACCOUNT: \_\_\_\_\_ YES \_\_\_\_\_ NO IF SO, ADDRESS \_\_\_\_\_

This is a "Customer Order Form for the Notasulga Water Department of " which is to be completed and signed by the owner of the property (and the payer under certain conditions). The purpose of this form is to provide the Water Department with correct billing information and to notify the property owner that he/she is ultimately responsible for the water bill for the property. The Customer Order Form must be completed, signed, and received by Notasulga Water Department, including an acceptable document verifying proof of ownership, before permanent water service can be provided. Owner identification with signature is also required. In the event a properly signed form is not on file with the Water Department, the water service will be subject to discontinuance without further notice. The owner may request that the bill be sent to someone else, such as the tenant designated as the payer. If this is the case, the payer is also to sign the form before it is returned to Water Department. **However, the owner shall be responsible for the bill at all times.**

**NOTE: Tampering with Notasulga Water Department equipment may result in meter removal and the requirement that repair charges be paid before service will be restored.**

**I (WE) THE OWNER (S) OF THE PROPERTY AT THE GIVEN ADDRESS AGREE TO ACCEPT RESPONSIBILITY FOR PAYMENT OF THE WATER BILLS FOR THIS LOCATION EVEN IF THE DESIGNATED PAYER DOES NOT PAY THE BILL.**

PRIMARY OWNER (PLEASE PRINT) DRIVERS LICENSE NO. STATE SIGNATURE

SECONDARY OWNER DRIVERS LICENSE NO. STATE SIGNATURE

MAILING ADDRESS CITY STATE ZIP CODE

PRIMARY TELEPHONE NO. CELL NO. BUSINESS NO. PURCHASE DATE DATE SIGNED

EMAIL ADDRESS:

Enclose either a copy of the recorded Grant Deed or another equivalent document acceptable to Water Department verifying the Owner's interest in the property. If a Deed or other document is not available due to recent purchase, a letter from the Escrow Company stating that the Deed has been recorded transferring interest and giving recording date and names of prior and new owners will be accepted on a temporary service basis for up to sixty (60) days pending receipt of the copy of the recorded Deed.

**I, (WE) THE TENANT/PAYER AM (ARE) AWARE THAT THE OWNER HAS DESIGNATED ME (US) TO RECEIVE AND TO PAY THE WATER BILL FOR THIS LOCATION.**

**\$100.00 non-refundable activation fee. Initial \_\_\_\_\_**

TENANT/PAYER NAME (PLEASE PRINT) DRIVERS LICENSE NO. STATE SIGNATURE

SECONDARY TENANT DRIVERS LICENSE NO. STATE SIGNATURE

MAILING ADDRESS CITY STATE ZIP CODE

PRIMARY TELEPHONE NO. CELL NO. BUSINESS NO. DATE SIGNED MOVE IN DATE

EMAIL ADDRESS:

**FLIP PAGE OVER AND COMPLETE INFORMATION FOR E-911**

BRIEF DESCRIPTION OF HOUSE/BUSINESS OF PROPERTY:

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NUMBER OF PERSONS OCCUPYING HOUSEHOLD:

NAMES:

_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL MEDICAL INFORMATION THAT MY ASSIST EMERGENCY PERSONNEL (MEDICAL CONDITION/ HISTORY):

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WATER DEPOSIT \_\_\_\_\_

SEWER DEPOSIT \_\_\_\_\_

NON-REFUNDABLE ACTIVATION FEE, IF RENTING \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

EMPLOYEE INITIALS: \_\_\_\_\_

MOVE IN/OUT ENTERED: \_\_\_\_\_ PICK UP / ACTIVE \_\_\_\_\_

RT#: \_\_\_\_\_