



The Water Works Board of the City of Auburn
 1501 W. Samford Avenue
 Auburn, Alabama 36832
 Phone : 334-501-3050
 Fax : 334-501-7292
 serviceorders@auburnalabama.org

New Account Activation Form - Residential

Please fill out all the information below. Charges to initiate services are \$27.50 for water deposit, \$30.00 for sewer deposit, \$30.00 for garbage deposit (which are refundable), and a \$15.00 non-refundable service charge. The deposits and service charge are due at the time of application or can be billed at the discretion of The Water Works Board Utility Billing Office. Deposits may be waived if you can provide a "Letter of Credit" from your most recent utility provider, which should reflect a minimum two-year payment history with no late charges, or notices of disconnect. Past payment history with The Utility Billing Office will supersede a "Letter of Credit" from any other utility. **Please provide a copy of a valid State or Government issued Identification Card.** The ID may be faxed to (334) 501-7292 or emailed to serviceorders@auburnalabama.org. Contact the Utility Billing Office at (334)501-3050 or serviceorders@auburnalabama.org for more information.

NOTE- Service can usually be connected the same day, except during peak work periods, as requested provided we receive the request by 1:00 p.m. CST.

Name: _____

Name of Authorized User (optional): _____

Address of Service: _____ Apt # _____

Billing address: _____

Date to begin service: _____ Provided letter of credit: Yes No

Social Security #: _____ DOB (MM/DD/YYYY): ____ / ____ / ____

Driver's License # or Passport #: _____ DL State: _____

Primary Phone #: _____ Cell Phone? Yes or No May we contact you via text message? ____Yes ____No

Alternate Phone #: _____ Cell Phone? Yes or No (Message and data rates may apply).

Email Address: _____

Billing Preference (**circle one**): E-Bill Paper Bill Both Paper/E-Bill

By subscribing to water, sewer, and garbage service, I agree to follow the rules, regulations, and policies as amended, of those service providers.

COPY OF VALID PHOTO ID REQUIRED

Signature _____ Date Signed _____