

# Stewartville Water Authority

65 Coosa County Road 150  
Sylacauga, AL 35151  
Phone: 256-245-0214  
Fax: 256-249-2536

## APPLICATION FOR SERVICE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Landowner: Yes or No  
(Circle One)

Location (If different from mailing Address): \_\_\_\_\_

Have you been on Stewartville Water before? Yes or No ? (Circle One)

If so, where and when? \_\_\_\_\_

Where are you employed? \_\_\_\_\_

Work Phone number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Where is your spouse employed? \_\_\_\_\_

Spouse's Work Phone number: \_\_\_\_\_

Contact person: (In case we can't reach you at one of the above numbers)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Office Only - Comments:

\_\_\_\_\_ Unlock-Turn water ON  
\_\_\_\_\_ Unlock-Leave water OFF  
\_\_\_\_\_ Name Change  
\_\_\_\_\_ New Installation  
\_\_\_\_\_ Install Regulator-New  
\_\_\_\_\_ Install Backflow-Vacant

### FOR OFFICE USE ONLY:

Account # \_\_\_\_\_  
Customer#: \_\_\_\_\_  
Meter #: \_\_\_\_\_  
TOTAL AMT. PAID: \$ \_\_\_\_\_  
CK # \_\_\_\_\_ CASH \_\_\_\_\_  
Deposit Paid: \$ \_\_\_\_\_  
Installation Fee Paid: \$ \_\_\_\_\_  
Regulator Paid: \$ \_\_\_\_\_  
Backflow Paid: \$ \_\_\_\_\_

**COPY OF PHOTO ID MUST BE ATTACHED.**

\*\*\*If residence is a mobile home, you must own the lot where it is located to be considered the owner.

A Deposit will be paid on every new service and will be applied to payment of the final bill only. The remainder, if any, will be refunded. In case of cut-off for non-payment, the Deposit will be applied after a period of thirty days from cut-off date.