

CID#: \_\_\_\_\_

CYCLE#: \_\_\_\_\_

**APPLICATION TO TRANSFER SERVICE FROM ONE ADDRESS TO ANOTHER FOR CURRENT CUSTOMERS ONLY**

THIS FORM CANNOT BE USED TO CHANGE THE ACCOUNT FROM ONE PERSON TO ANOTHER.

**CITY OF ENTERPRISE WATER WORKS**

PO Box 311000, ENTERPRISE, AL 36331-1000 PHONE: 334-347-1211 FAX: 334-348-2613 [www.cityofenterprise.net](http://www.cityofenterprise.net)

**NON REFUNDABLE TRANSFER FEE IS REQUIRED AT TIME OF APPLICATION AS FOLLOWS:**

- (1) Residential: \$25.00      (2) Restaurant: \$25.00      (3) Commercial: \$25.00      (4) Multi Appt Complex or Trailer Park: \$25.00 per unit

Please complete all information below, then print and sign the document and mail along with your Connection Fee to the Enterprise Water Works.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
*(as it will be shown on the account)*

Social Security Number: \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Current Service Address: \_\_\_\_\_ Transferring from Acct #: \_\_\_\_\_

New Service Address: \_\_\_\_\_ Transferring to Acct #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*( if different from New Service Address )*

Requested Cut Off Date for Current Service: \_\_\_\_\_

Requested Cut On Date for New Service Address: \_\_\_\_\_

Contact Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If Renting (New Landlord): \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

If Active Military, Unit & Grade: \_\_\_\_\_

If Commercial, Type of Business: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

**REQUIRED DOCUMENTATION TO INCLUDE WITH APPLICATION:**

1. Copy of the Customer's Driver's License.
2. Copy of the Customer's Lease or Home Ownership Papers showing date of occupancy at the Service Address.

**BY SIGNING BELOW, I CERTIFY THAT I NOR ANYONE ELSE IN THIS HOUSEHOLD HAS ANY OUTSTANDING BILLS WITH ENTERPRISE WATER WORKS.**

PLEASE READ AND ACCEPT BY SIGNING BELOW: I hereby accept full responsibility for this account, and am aware that I am fully responsible for any amounts due on said account effective this date and until such time as I close the account or until the account is transferred to another individual. **\*\*If water cannot be left on the first attempt, there will be a \$15.00 Service Charge for every trip thereafter. If water is running and no one is home, water will not be left on.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Office Use Only) Processed by: \_\_\_\_\_ Date Completed \_\_\_\_\_

9/23/2013 10:51 AM

**EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE (Page #3)**

You agree, in order for us to service your account or to collect monies you may owe, City of Enterprise Water Works Board and / or our agents, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded / artificial voice messages and/or use of automatic dialing devices, as applicable.

I/We have read this disclosure and agree that the City of Enterprise Water Works Board, its employees and/or agents may contact me/us as described above.

**AGREEMENT TO PAY**

I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all costs of collection, (33 1/3%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State.

_____	_____
Responsible Party Signature (1)	Date
_____	_____
Responsible Party Signature (2)	Date
_____	_____
Responsible Party Signature (3)	Date

**THIS PAGE MUST ACCOMPANY PAGE ONE OF THE APPLICATION**