



CITY OF OWENS CROSS ROADS
SEWER DEPARTMENT

P.O. Box 158 / 9032 Highway 431 S. Owens Cross Roads, AL 35763
Tel: (256) 725-5164 contact: teresa.carpenter@owenscrossroadsal.gov

RESIDENTIAL
SEWER SERVICE APPLICATION

(please print clearly and answer all applicable information)

Date service to commence: _____

SEWER Service Address:

Street #: _____ Street name: _____

Primary Name to appear on Sewer Account:

First: _____ Middle Initial: _____ Last Name: _____

Email address: _____

Mobile Phone: _____ Alt. Phone: _____

Driver's License #: _____ State: _____

SSN : _____ - _____ - _____ Date of Birth: _____

Employer: _____

Secondary name to appear on Sewer Account (if applicable): _____

Relationship to Primary: _____ Spouse _____ Relative _____ Other

Email address: _____

Mobile Phone: _____ Alt. Phone: _____

Driver's License #: _____ State: _____

SSN : _____ - _____ - _____ Date of Birth: _____

Employer: _____

(please circle appropriate answer) Do you OWN or RENT this property?

If RENTING, please complete the following information regarding your Landlord or Property Mgmt Company:

Name: _____ Phone #: _____

Email: _____

Mailing Address: _____

(Continued on next page)

Mailing address if different from Service Address:

PO Box #: _____ Street #: _____ Street name: _____

City: _____ State: _____ Zip: _____

Please specify which option best describes your residence:

_____ Existing Residence previously connected to OCR Sewer _____ New Build

_____ Existing Residence *never before* connected to OCR Sewer

I, the undersigned, hereby acknowledge that I am applying for service with Owens Cross Roads Sewer Department, hereinafter referred to as OCR Sewer. It is hereby understood and agreed by myself and OCR Sewer that, **upon approval and payment of the required security deposit**, OCR Sewer will furnish residential sewer service to the Service Address as specified above. If this is a new build or an existing residence that has never before been connected to OCR Sewer, I understand and agree that I must pay a \$4,000 non-refundable sewer tap fee before proceeding with sewer installation and I must have a cut-off valve (to meet approved specifications by OCR Sewer) installed at the time the sewer line is tapped for connection to my residence. I further acknowledge and understand I will be required to pay a refundable security deposit of \$100 if I own the residence or \$150 if I am a rental tenant of the residence; said deposit will be applied to any outstanding balance due on my sewer account at the time I no longer require service from OCR Sewer with any remaining security deposit funds being refunded to me at the time the account is closed. I agree to pay all regular monthly usage bills at the current rate along with any and all late fees assessed for payments made beyond the date due. If my sewer account balance reaches an amount equal or greater than 2 months of usage payments due, I understand that OCR Sewer will initiate the process to disconnect my sewer service from the OCR Sewer System at my expense, whether that is by locking an existing shut-off valve or hiring a plumbing service to dig up the yard of my service address to install a shut-off valve that will then be locked with the cost of the cut-off process to be added to my account balance (estimated at \$1200 to \$1500 as of 12-2021). I will assume responsibility for replacement/repair of any landscaping damaged during the cut-off process.

Signed this the _____ day of _____, 20_____.

Applicant

The above signed Applicant, being known to me or having provided proper identifying documentation to me, did appear and sign this document in my presence on this the _____ day of _____, 20_____.

Notary Public

My commission expires: _____