

CID#: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ CYCLE#: \_\_\_\_\_

## REQUEST TO RECONNECT SERVICES

THE CITY OF ENTERPRISE WATER WORKS  
PO Box 311000, ENTERPRISE, AL 36331-1000 PHONE: 334-347-1211 FAX: 334-348-2613  
EMAIL: [water@enterpriseal.gov](mailto:water@enterpriseal.gov)  
[www.enterpriseal.gov](http://www.enterpriseal.gov)

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

(1) Residential: \$35.00    (2) Restaurant: \$200.00    (3) Commercial: \$100.00    (4) Multi Appt Complex, Trailer Pk: \$35.00 per unit not to exceed \$300.00

**Requested Reconnect Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(As it is listed on the account)

Person submitting request: \_\_\_\_\_

Social Security #/ Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of: \_\_\_\_\_ Expiration: \_\_\_\_\_

Current Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Service Address)

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

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

Amount paid to reconnect: \_\_\_\_\_  Tag fee     Reconnect fee     After hours fee     Broken seal fee

**REQUIRED DOCUMENTATION TO INCLUDE WITH RECONNECT FORM:**

1. Copy of the Customer's Government Issued Current Valid Photo Identification (example: Driver's License)

**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. \_\_\_\_\_ (Initial)

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

(For Office Use Only) Processed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
August 18, 2016

**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 collection agency fees (33.33%), 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	Date
_____	_____
Responsible Party Signature	Date

**EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE**

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.

_____	_____
Responsible Party Signature	Date
_____	_____
Responsible Party Signature	Date