



**CITY OF CLANTON
WATER WORKS & SEWER BOARD**

PO BOX 580
205-755-1105 PHONE
205-755-7650 FAX

BUSINESS WATER AND SEWER SERVICE APPLICATION

Business Name:				
Name of Responsible Party:				
Service Address:				
City:	State:	Zip:	Phone:	
Mailing Address:				
City:	State:	Zip:	<input type="checkbox"/> Own	<input type="checkbox"/> Renting

If Renting, Please Complete This Section.

Owner's Name:	Owner's Phone:
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Bills are due by the 5th of every month, a \$10.00 late fee after the 5th, water is cut off after the 15th for non-payment. By signing below, you agree to pay all bills on or before the due date.

Signature of Responsible Party: _____ **Date:** _____