



**REQUEST FOR NEW SERVICE  
\$250.00 DEPOSIT  
\$15.00 NEW SERVICE FEE**

**Person Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Primary Phone H/C:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Date Turn On:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Landlord:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Alternate Point of Contact (POC):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Is there currently a garbage can at this location?** \_\_\_\_\_

**I have read and understand that by signing below, I agree to the following:**

**I assume all responsibility for this account whether I reside at this address or not. I understand in order to disconnect services I must come in or call City Hall and provide my correct information as well as my forwarding information.**

**All water at the address must be in the off position before water services are turned on. This includes the outside faucets, toilets, and any other water source on the property.**

**The City shall not be held liable, and the account holder hereby releases the City from any damages due to the account holder's negligence in this matter.**

**The City collects your Social Security number for the following purposes: classification of accounts; customer identification and verification; credit worthiness; customer billing and payments; benefit processing, tax reporting and any other lawful purpose necessary to conduct City business. Social Security numbers are not public records, but may be released to other governmental or commercial entities as required by law Section 119.071 (5), Florida Statutes.**

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

**Office Use Only:      Customer Account #:** \_\_\_\_\_