



UTILITY SERVICE APPLICATION

App. Date: _____ Turn On Date: _____ Account # _____

Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Soc. Sec./FEIN:: _____

DL# _____ State: _____

DOB: _____ Expiration: _____

Email Address: _____

Residential: _____ Commercial: _____ Construction: _____

Services Requested: Water _____ Garbage _____ Sewer _____

Deposits: Water \$ 50.00 Items being Paid for: \$ _____ Ck# _____

Garbage \$ 50.00 \$ _____ Ck# _____

Water Meter (3/4") \$1,560.00 \$ _____ Ck# _____

Sewer Connection \$ 800.00 \$ _____ Ck# _____

Irrigation Meter \$ 800.00 \$ _____ Ck# _____

TOTAL PAID: \$ _____ Ck# _____

Rent ___ Own ___ Name & Phone# of Owner or Rental Co. _____

Do you currently have utilities with City of High Springs? _____

If yes do, do you wish to close this account? Yes _____ No _____

What is the date that the utility service is to be terminated? _____

Party(ies) authorized to make changes to this account, other than the applicant:

Name(s) _____ Relationship _____

I hereby make application to the City of High Springs for utility Services and upon approval of this application, I agree to abide by all ordinances, provisions and applicable rules of the City of High Springs in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of High springs collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of our public utilities business. The City of High Springs may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law. I will be personally responsible for the payment of the utility bills rendered under this account. A deposit of \$50 for water, \$50 for garbage is required for residential service and \$100 for water, \$100 for garbage for commercial service.

The City of High Springs reserves the right to require additional deposit funds if the customer's account appears on the cut-off list within 30 days of the service or anytime thereafter if the record necessitates.

You agree, in order for us to service your account or to collect any amounts you may owe, we 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 us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. The City of High Springs reserves the right to begin collection activities which may include: 30, 60 or 90 day notices, door hanger, referral to the Consumer's Credit File, and a Third Party Collection Agency, or legal action.

I/We have read this disclosure and agree that the City of High Springs may contact me/us as described above.

Sign: _____

Date: _____

FOR CITY USE ONLY:

Account opened by: _____ Date: _____

New customer: Yes _____ No: _____ Transferred from Acct # _____

New application on file: Yes _____ No _____

Copy of Driver License: Yes _____ No _____

Social Security Information: Yes _____ No _____

Proof of Ownership: Yes _____ No _____ Proof of Rental: Yes _____ No _____

New Resident Information Sheet given to customer: Yes _____ No _____

Need garbage container: Yes _____ No _____ Email sent to Public Works: Yes _____ No _____

Need recycle bins: Yes _____ No _____ Email sent to Public Works: Yes _____ No _____

Account entered in Springbrook by: _____ Date: _____

Work order(s) closed: _____

Account active in Springbrook: Yes _____ No _____

SPECIAL WARNING NOTES: _____

Account closed by: _____ Date: _____

Signed request on file: Yes _____ No _____

Work order(s) closed: Yes _____ No _____