TOWN OF CALLAHAN

Post Office Box 5016 • Callahan, Florida 32011

Chartered 1911

USAGE RATES FOR RESIDENTIAL CUSTOMERS INSIDE THE TOWN'S CORPORATE LIMITS

WATER:	**RATE:**
0 to **3,000 Gallons**	**$14.21** per month (minimum usage)
Usage over & above **3,000 Gallons** in a month	**$ 3.43** per **1,000 Gallons**

SEWER:	**RATE:**
0 to **3,000 Gallons**	**$14.21** per month (minimum usage)
Usage over & above **3,000 Gallons** in a month	**$ 3.85** per **1,000 Gallons**

*** The water meters are read on a monthly basis and a bill is generated for that period's usage. They are sent out approximately the last week of each month. A **$10.00** late fee is imposed if payment is not received by the **15th** of the following month. Please call our office if your bill is not received by the first week of the following month.

*** Closing of Account Procedures: We require notification either by phone, letter, or in person when a customer no longer needs water/sewer service. Upon termination of your account, a final meter reading will be taken on the specified date to have water shut off. You will be accessed @ least the minimum usage amount for that billing period.

*** A minimum bill is _____ (Includes $___.___ for sanitation)

*** Should receive 1st bill by the first week of _____.

Telephone: 904-879-3801 • Fax: 904-879-6151 • E-Mail: water@townofcallahan-fl.gov or admin2@townofcallahan-fl.gov

REVISED NOVEMBER 2012

TOWN OF CALLAHAN
UTILITY CUSTOMER (RESIDENTIAL - INTOWN)
OPEN ACCOUNT FORM

NEW Customer	CHANGE Customer Address	CHANGE Customer Name

DATE: _____/_____/_____

DATE TO BEGIN SERVICE: _____/_____/_____

TYPE OF SERVICE: WATER/SEWER _____ **GARBAGE PICK-UP** _____

FULL NAME: _____

SERVICE ADDRESS: _____
LIST APARTMENT NO. OR TRAILER LOT NO.: _____

MAILING ADDRESS: _____

_____
(CITY) (STATE) (ZIP)

PHONE NO.'S: ( ) _____ ( ) _____ ( ) _____
(HOME) (WORK) (CELL OR OTHER)

IDENTIFICATION: (1) SOCIAL SECURITY NO. _____-_____-_____
(2) PLEASE PRESENT EITHER A CURRENT DRIVER'S LICENSE OR STATE I.D. TO BE COPIED.

*** Please be sure that all water faucets in your home are turned off. Water and sewer services will be TURNED ON the same day if account is opened prior to 3:00 P.M.

*** Senior Citizen's Discount - *"GARBAGE SERVICE ONLY"* - If you are 62 + years of age, you are eligible for this service at a reduced rate.

Please sign here if you qualify: _____

TERMS OF PAYMENT - Water meters are read monthly in order to generate a bill. The sewer usage is based upon the water usage – See applicable "USAGE RATES". Sanitation service is billed at the same time and will be included on the same bill as the water/sewer charges. The bills are mailed out by the last week of the month and are due upon receipt. WE ARE NOT RESPONSIBLE FOR LOST OR MISDIRECTED BILLS THROUGH THE MAIL. Please call our office if the bill is not received by the first week of the following month. A "LATE CHARGE" fee of $10.00 will be added if payment is not received by the 15TH of the following month – EXAMPLE: A bill sent out the last week in March 2012 for $28.42 will be $38.42 if not paid by April 15, 2012. If service is discontinued, a $25.00 "RECONNECTION FEE" will be imposed and must be paid in addition to the existing account balance BEFORE service can be restored and ONLY during regular business hours. **RECONNECTION COULD TAKE UP TO 24 HOURS.** Accounts that become "60 + DAYS" delinquent are subject to being turned over to a collection agency where the customer will be responsible for any additional charges and/or legal fees.

I have read, understand, and agree to the preceding "TERMS OF PAYMENT".

***** In compliance with the Nassau County Emergency Management Dept., we are required to list all persons with "Special Needs" in event of an emergency (ex. hurricane, flood, fire, etc.). Please list any person/persons living @ this address and type of special need.**

NAME	TYPE OF NEED
_____	_____
_____	_____

CUSTOMER SIGNATURE: _____
TODAY'S DATE: _____

*** Will Need to Bring the Following: Copy of Rent/Lease Agreement (Account Customer & Renter/Lessee Need to be the Same Name)
$100.00 Deposit
Picture ID of Customer Signee

OFFICE USE ONLY:

LOCATION NO.: _____ CUSTOMER NO.: _____

METER NO.: _____ CLASS: _____

GARBAGE AMOUNT: $_____._____