

COMMERCIAL IN-TOWN

Attached is an application packet to set up a new water/sewer account. We need the following items to set up the account.

Completed/signed application (Open Account Form)
Color copy of your drivers license
Copy of the lease or proof of ownership of the property
\$125.00 deposit

Included in the packet are the following forms:

Application - Open Account Form – REQUIRED

Usage Rates Sheet - Explanation of the rates. 3,000 gallons of water/sewer is included in your monthly bill, which will be \$44.18. If you go over the 3,000 gallons, you will be charged \$4.27 per 1,000 gallons of water and \$5.80 per 1,000 gallons of sewer.

E-Billing Form - OPTIONAL - Please complete if you would like to receive your bills through E-Mail instead of paper bills through the mail. (There will a one-time \$5.00 credit to your account if you have not ever received this credit before on a different account.)

ACH Agreement - OPTIONAL - Please complete this form if you would like to have your bill payment be withdrawn from your checking/savings account on the 15th of every month automatically. (Only exception is if the 15th falls on a weekend or holiday, the payment will be withdrawn on the prior business day.)

Fire Inspection Form – REQUIRED

Change in Occupant Application – REQUIRED (\$100.00 Fee)

Your bill should be received during the first week of every month. If you do not receive a bill, please call our office at 904-879-3801 and we will be happy to reprint it or let you know the amount due.

Your payment will be due no later than the 15th of every month. On the 16th, a \$10.00 late fee will be added to your account if the bill has not been paid. A late notice with a disconnect date will be mailed out for all unpaid accounts. If the balance is not paid prior to the disconnect date, your services will be disconnected in the morning of the disconnect date and you will be charged an additional \$25.00 re-connect fee.

If you have any questions, please feel free to contact the Town of Callahan at 904-879-3801.



Chartered 1911

TOWN OF CALLAHAN

Post Office Box 5016 • Callahan, Florida 32011

USAGE RATES FOR COMMERCIAL & NON-PROFIT CUSTOMERS INSIDE THE TOWN'S CORPORATE LIMITS

WATER:

0 to 3,000 Gallons

Usage over & above **3,000 Gallons** in a month

RATE:

\$21.55 per month (minimum usage)

\$ 4.27 per **1,000 Gallons** of water used

SEWER:

0 to 3,000 Gallons

Usage over & above **3,000 Gallons** in a month

RATE:

\$22.63 per month (minimum usage)

\$ 5.80 per **1,000 Gallons** of water used

*** 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. A late notice will be mailed with a disconnect date. If service is disconnected a **\$25.00** reconnect fee will be imposed. Account must be paid in full to have service reconnected. 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 assessed at least the minimum usage amount for that billing period.

*** A minimum bill is **\$44.18**

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

Telephone: 904-879-3801 ext. 201 • Fax: 904-879-6151 • E-Mail: water@townofcallahan-fl.gov
Website: www.townofcallahan-fl.gov

Revised 10/01/2025

DEP. \$ _____
CK# _____
CASH _____ C/C _____
REC.# _____

TOWN OF CALLAHAN
UTILITY CUSTOMER (COMMERCIAL)
OPEN ACCOUNT FORM

NEW Customer

CHANGE Customer Address

CHANGE Customer Name

DATE: ____/____/____

DATE TO BEGIN SERVICE: ____/____/____

TYPE OF SERVICE: WATER/SEWER _____

FULL NAME: _____

SERVICE ADDRESS: _____ APT # _____

E-BILLING () E-MAIL ADDRESS: _____

(If you have selected the option above your bills will be e-mailed to you paperless)

MAILING ADDRESS: _____ APT # _____

(CITY) _____ (STATE) _____ (ZIP) _____

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

IDENTIFICATION: FEDERAL TAX ID # _____ - _____ AND/OR

SOCIAL SECURITY # _____ - _____ - _____

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

TERMS OF PAYMENT – Water meters are read monthly to generate a bill. The sewer usage is based upon the water usage- See applicable “USAGE RATES”. The bills are mailed out by the last business day of the month and are due upon receipt. WE ARE NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL. Please call our office if the bill is not received by the first week of following month. A “LATE CHARGE” fee of \$10.00 will be added if payment is not received by the 15th of the month and a “LATE NOTICE” with a DISCONNECT DATE will be mailed. – EXAMPLE: A bill sent out the last week of March for \$47.16 will be \$57.16 if not paid by April 15th. If account is not paid prior to the DISCONNECT date on the late notice, a \$25.00 “RECONNECT FEE” will be imposed. Account must be paid in full BEFORE service can be restored (during normal business hours). RECONNECTION COULD TAKE UP TO 24 HOURS. Accounts that become “30 + DAYS” delinquent will be closed, and the deposit applied to the account. Accounts that remain 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.

There will be a \$20.00 SERVICE FEE FOR ANY RETURN ITEM FOR ANY REASON.

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

CUSTOMER SIGNATURE: _____

TODAY'S DATE: _____

***Will Need to Bring the Following: Copy of lease, mortgage statement or legal documentation.

(Account Customer & Renter/Lease/Buyer Must be the Same Name)

\$125.00 deposit

Picture ID of Customer Signee

OFFICE USE ONLY:

LOCATION NO.: _____ CUSTOMER NO.: _____

METER NO.: _____ CLASS: _____

E-BILLING

IF YOU ARE INTERESTED IN RECEIVING YOUR MONTHLY BILL THROUGH E-MAIL, PLEASE FILL OUT THE SHEET BELOW AND RETURN IT TO THE TOWN OF CALLAHAN.

TO VIEW YOUR BILL, YOU MUST FIRST REGISTER YOUR ACCOUNT AT [HTTPS://WWW.UTILITYBILLINGSYSTEM.NET](https://www.utilitybillingsystem.net) AND FOLLOW THE LINK FOR CONSUMER REGISTRATION. YOU WILL NEED YOUR ACCOUNT NUMBER, NAME AS IT APPEARS ON THE BILL, AND A VALID EMAIL ADDRESS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE AT (904)879-3801.

NAME: _____

ADDRESS: _____

E:MAIL ADDRESS: _____

DATE: _____

ACCOUNT NUMBER: _____

ACH DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

COMPANY NAME: TOWN OF CALLAHAN

COMPANY ID # 596002273

I (we) hereby authorize Town of Callahan, hereinafter called COMPANY, to initiate debit entries in the amount of my monthly charges due, to my (our) checking or savings account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME (DEPOSITORY) BRANCH

ROUTING NUMBER

CITY

STATE

ZIP

BANK ACCOUNT NUMBER

ACCOUNT TYPE (CHOOSE ONE)

☐ CHECKING

☐ SAVINGS

DATE WITHDRAWAL TO BEGIN:

☐ VARIABLE AMOUNT

This authority is to remain in full force and effective until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination 10 days prior to the next scheduled debit transaction. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY 10 days prior to the next scheduled debit transaction. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

ADDRESS

ADDRESS

SOCIAL SECURITY #

SOCIAL SECURITY #

DATE

SIGNATURE

DATE

SIGNATURE

CANCELLATION ACKNOWLEDGEMENT (FOR TERMINATING PRE-ARRANGED PAYMENTS (ACH))

I, _____ hereby give notice of ACH debit termination. I give authorization for _____ (month), _____ (year) to be the date of the last ACH debit from the bank account I provided above.

DATE

SIGNATURE

DATE

SIGNATURE

Cancellation MUST be received 10 days prior to scheduled debit transaction listed above.

TOWN OF CALLAHAN

NEW BUSINESS

FIRE INSPECTION FORM

DATE: ____/____/____

NAME OF BUSINESS: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

BUSINESS DESCRIPTION: _____

BUSINESS OWNER/CONTACT: _____

PHONE NUMBER: _____

CELL NUMBER: _____

***** WILL NEED COPY OF: STATE ISSUED I.D. & RENT/LEASE AGREEMENT
(RENTER/LESSEE MUST BE SAME NAME AS CUSTOMER)**

***** FOR UNOPENED NEW BUSINESSES ONLY: PLEASE CALL US TO SCHEDULE AN ANNUAL FIRE SAFETY
INSPECTION PERFORMED BY OUR FIRE MARSHALL AT LEAST 3 DAYS BEFORE BUSINESS IS READY TO OPEN.**

***** FOR ANY QUESTIONS, PLEASE CALL THE TOWN OF CALLAHAN OFFICE AT 904-879-3801 & ASK FOR EILEEN**

§102-13.1 ANNUAL FIRE SAFETY INSPECTION FEE: \$30.00

**IF INSPECTION DOES NOT PASS FIRST TIME THE FOLLOWING FEES WILL BE APPLIED: 1ST REINSPECTION = \$35.00
2ND REINSPECTION = \$40.00
3RD REINSPECTION = \$60.00**

OFFICE USE ONLY:

LOCATION NO: _____



Chartered 1911

FOR OFFICE USE ONLY

Application # _____

Application Fee: **\$100.00**

Date: _____

Change in Occupant Application

☒ **Change in Occupant Without Renovation or a Name Change:**

The Owner and /or Occupant is changing to a new Owner and/or Occupant but **Without** doing any renovations to the interior or exterior of the property. The business & use stay the same or are similar in nature.

☐ **Change in Occupant With Renovation/Interior Remodel:**

This is where the Owner and/or Occupant is changing, and interior renovations are required. The business and use stay the same (*requires a Building Permit*).

☐ **Change in Use:**

This occurs where the use of the property is changed from one business to another whereby the new business is similar or more intense of use than the previous occupant of the property or structure (e.g. daycare to restaurant).

Property Owner

Name: _____ Phone Number: _____

Address: _____

Parcel Number: _____

Parcel/ Business Information

Previous Business Name: _____ New Business Name: _____

Business Owner's Name/Contact: _____ Phone Number: _____

Business Address: _____

Business Phone: _____ E-mail: _____

Telephone: 904-879-3801 • Fax: 904-879-6151 • admin@townofcallahan-fl.gov

Website: www.townofcallahan-fl.gov

Describe the Business Activities Proposed: _____

Owner/Applicant Affirmation

I hereby affirm that I am either the Owner or Legal Lessee of the aforementioned business or property and that I will be occupying a newly developed or existing development with the same use or similar use or that I affirm that I am changing or expanding the use and/or improving the exterior of the site and am subject to the development review requirements set forth in. I hereby affirm that the information provided is true and accurate. I affirm that if I occupy the space with or without renovation that additional permitting is required and I understand that as a result of plan review, permit issuance, and subsequent inspections, that it is determined that the proposal is not consistent with the information provided, this application shall be considered null and void. I hereby affirm that approval of this application does not constitute approval for any other permit that may be required by the county or other agency having jurisdiction.

By: _____

Print Name: _____

Building Official: _____ **Date:** _____

Comments/Conditions

TOWN OF CALLAHAN, FLORIDA
RESOLUTION NO. 2008-R2 *clw/kl*

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF CALLAHAN,
FLORIDA TO ADOPT A POLICY FOR THE COLLECTION AND USE OF SOCIAL
SECURITY NUMBERS AND INFORMING PERSONS OF THE COLLECTION AND
USE OF THEIR SOCIAL SECURITY NUMBER; AND PROVIDING FOR AN
EFFECTIVE DATE

WHEREAS, Fla. Stat. § 119.071(5) requires the Town of Callahan to collect individuals' social security numbers only when authorized by law to do so or when doing so is imperative for the performance of the Town's duties and responsibilities;

WHEREAS, Fla. Stat. § 119.071(5) requires the Town of Callahan to provide individuals from whom social security numbers are collected with a written statement that informs the individual of the purpose for the collection;

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF CALLAHAN, FLORIDA:

Section 1. The Town of Callahan will not collect social security numbers from individuals unless doing so is authorized by law or is imperative for the performance of the Town's duties and responsibilities;

Section 2. From the effective date of this Resolution forward, all individuals from whom the Town of Callahan collects social security numbers shall be furnished with a written statement in substantially the following form:

The Town of Callahan collects your social security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting, use as a unique numeric identifier, and it may be used for search purposes.

Section 3. This Resolution will become effective upon adoption.

INTRODUCED, PASSED, AND ADOPTED THIS 22nd DAY OF JANUARY,
2008.

**TOWN OF CALLAHAN, FLORIDA
RESOLUTION NO. 2023-R03**

**A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF CALLAHAN, FLORIDA PERTAINING TO
RETURNED CHECKS OR DISPUTED CREDIT CARD PAYMENTS FOR THE WATER AND SEWER
ACCOUNTS.**

WHEREAS the Town Council may by resolution authorize a limit of checks returned or disputed credit card payments for customers paying for utility services and;

WHEREAS the Town Council proposes a limit of one check returned for insufficient funds and/or disputed credit card payments per account and;

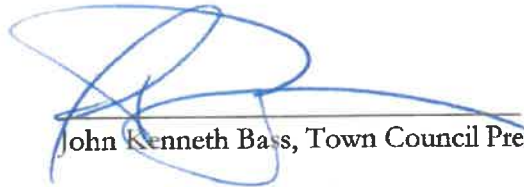
WHEREAS the Town Council makes a specific finding that by this resolution, will no longer permit account holders to pay by check if they have had a check returned due to insufficient funds or pay by credit card if the charges were disputed;

NOW THEREFORE BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF CALLAHAN, FLORIDA:

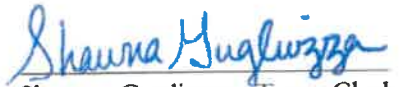
SECTION 1. This Resolution will become effective upon adoption and provide that the Town will no longer permit an account holder to pay by check if he or she has had a check returned due to insufficient funds or pay by credit card if the charges were previously (wrongfully) disputed.

INTRODUCED, PASSED, AND ADOPTED THIS 6TH DAY OF MARCH 2023.

TOWN OF CALLAHAN, FLORIDA


John Kenneth Bays, Town Council President

ATTEST:


Shawna Gugliuzza, Town Clerk

APPROVED:


Randy Knagge, Mayor