

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

**TOWN OF CALLAHAN
UTILITY CUSTOMER (COMMERCIAL- IN TOWN)
OPEN ACCOUNT FORM**

NEW Customer CHANGE Customer Address CHANGE Customer Name

DATE: ____/____/____

DATE TO BEGIN SERVICE: ____/____/____

TYPE OF SERVICE: WATER/SEWER

BUSINESS NAME: _____

SERVICE ADDRESS: _____

E- BILLING () E-MAIL ADDRESS: _____

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

MAILING ADDRESS: _____

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

PHONE NO.'S: () _____ () _____ () _____
(BUSINESS) (FAX) (OTHER)

IDENTIFICATION: (1) FEDERAL I.D. # _____ AND

OWNER'S SOCIAL SECURITY NO. _____

(2) PLEASE PRESENT A CURRENT DRIVER'S LICENSE OR
A STATE I.D. TO BE COPIED.

*** Please be sure that all water faucets at 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 in order 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 week of each 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 of March 2017 for \$38.15 will be \$48.15 if not paid by April 15, 2017. 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. **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 Rent/Lease Agreement
(Account & Renter/Lessee Need to be the Same Name)
\$125.00 Deposit
Picture ID of Customer Signee**

OFFICE USE ONLY:

LOCATION NO.: _____ CUSTOMER NO.: _____

METER NO.: _____ CLASS: _____

WEBSITE: WWW.TOWNOFCALLAHAN-FL.GOV