

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

TOWN OF CALLAHAN  
UTILITY CUSTOMER (RESIDENTIAL- INTOWN – WITH TRASH)  
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: \_\_\_\_\_ 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: (1) SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*\* 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 3:00P.M.

\*\*\* SENIOR CITIZEN'S DISCOUNT- "GARBAGE SERVICE ONLY" -If you are 65 + 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 to generate a bill. The sewer usage is based upon the water usage- See applicable "USAGE RATES". Sanitation service will be included on the same bill as the water/sewer charges. 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 15<sup>th</sup> 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 15<sup>th</sup>. If account is not paid by 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".

\*\*\* 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 at this address and type of special need. Please register at <https://snr.flhealthresponse.com/>

NAME

TYPE OF NEED

CUSTOMER SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

\*\*\*Bring the Following: Copy of the lease, mortgage statement or legal documentation.

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

\$100.00 deposit

Picture ID of Customer Signee

OFFICE USE ONLY:

LOCATION NO.: \_\_\_\_\_ CUSTOMER NO.: \_\_\_\_\_

METER NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

GARBAGE AMOUNT: \$ \_\_\_\_\_ . \_\_\_\_\_