DEP. $\_\_\_\_\_ .\_\_\_\_ TOWN OF CALLAHAN

 CK#\_\_\_\_\_\_\_\_ UTILITY CUSTOMER (RESIDENTIAL-INTOWN)

 CASH \_\_\_ / C/C \_\_\_\_ OPEN ACCOUNT FORM

 REC.# \_\_\_\_\_\_\_\_\_\_\_\_

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.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **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: ( ) \_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (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 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 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 business day 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 month and a ‘LATE NOTICE’

 with a DISCONNECT DATE will be mailed. – EXAMPLE: A bill sent out the last week of March 2017 for $41.32

 will be $51.32 if not paid by April 15, 2017. 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 and

ONLY during regular 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 @ 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 or Buyers Agreement (Account Customer &

 Renter/Lessee/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: $\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_

 W/S/S FORM – RESIDENTIAL (INTOWN) WEBSITE: www.townofcallahan-fl.gov REVISED MARCH 2017