



TOWN OF CALLAHAN
UTILITY CUSTOMER



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

(RESIDENTIAL - OUT OF TOWN)
OPEN ACCOUNT FORM

NEW Customer	CHANGE Customer Address	CHANGE Customer Name
--------------	-------------------------	----------------------

DATE: ____/____/____

DATE TO BEGINNING SERVICE: ____/____/____

TYPE OF SERVICE: WATER/SEWER

FULL NAME: _____

SERVICE ADDRESS: _____

LIST APT. # OR TRAILER LOT #: _____

MAILING ADDRESS: _____

(CITY) (STATE) (ZIP)

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

IDENTIFICATION: (1) SOCIAL SECURITY NO. _____
(2) PLEASE PRESENT A CURRENT DRIVER'S LICENSE OR STATE ID.

***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. ***

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 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” 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 2017 for \$38.62 will be \$48.62 if not paid by April 15, 2017.** If service is disconnected, a \$25.00 “RECONNECT FEE” will be imposed. The total amount due on the account (including the Reconnect Fee) 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 “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'S SIGNATURE: _____

TODAY'S DATE: _____

***Will Need to Bring the Following: Copy of Rent/Lease Agreement or Buyer's agreement
(Account name & Renter/Leaser must be the same)
\$100.00 Deposit
Picture ID of Customer Signee

OFFICE USE ONLY:

LOCATION NO: _____ CUSTOMER NO: _____
METER NO: _____ CLASS: _____