



CITY OF TAVARES PO BOX 1068 TAVARES, FLORIDA 32778

**NEW RESIDENTIAL UTILITY ACCOUNT APPLICATION
PLEASE PRINT**

SERVICE START DATE: _____

NAME: (Last) _____ (First) _____

ADDITIONAL ACCOUNT HOLDER: _____

SERVICE ADDRESS : _____

Do you? Rent _____ Own _____ Manage _____ If you are not the owner of the property, please provide a copy of your lease.

MAILING ADDRESS (if different):

Street: _____

City: _____ State: _____ Zip code: _____

PHONE NUMBER: _____ CELL/OTHER PHONE: _____

Driver's License Number (include State): _____

Addl. Account Holder D.L. #'s _____

Place of Employment: _____ Occupation: _____

Does this account have a separate irrigation meter? _____ YES _____ NO _____

A deposit of \$175.00 is required upon opening a residential account. An additional deposit of \$100.00 is required for each additional meter.

****There is a one-time service charge of \$25.00 per meter for establishing a new account; this charge will appear on your first bill.****

The undersigned customer hereby applies for connection of utility services to that premises for residential use at the scheduled rates, until and unless notice is given to the City in writing that service is to be discontinued, for whatever period of time. The undersigned customer agrees to conform to all ordinances, rates, rules and regulations of the City of Tavares utility service as are now or hereafter in force and which are made part of this contract. The customer also agrees to pay the wastewater capital charge, the water capital charge and the connection fees as provided for in these ordinances. The customer further agrees that all charges for utility services, as they may become due from time to time, shall be and are hereby made a lien upon the above property so long as said charges remain unpaid, as between parties to the contract.
(Section 17-4, City of Tavares Land Development Regulations) Any customer's previous outstanding balances will be transferred to the customer's new account.

Applicant's Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____

Office Use Only

ACCOUNT/LOCATION _____	CYCLE/ROUTE _____	
DEPOSIT: _____	CA CK CC	OPENED BY _____

FOR RENTAL PROPERTIES, PLEASE NOTE;

OWNER: _____

ADDRESS: _____

OFFICE USE ONLY

Was backflow device previously installed? Yes _____ No _____

Deposit: _____ Paid: Cash _____ Check # _____ CC _____

Backflow Prevention device: _____ Cash _____ Check # _____

Signature on contract: Yes _____ No _____

Account opened by: _____

DEPOSIT:

Refunded or Applied:

Date: _____ Voucher# _____ Amount \$_____

Balance

Date: _____ Amount \$_____