APPLICATION FOR UTILITY SERVICE & CUSTOMER INFORMATION DATA

1065 Ridgewood Avenue, Holly Hill, Florida 32117
Phone:(386) 248-9432 Fax: (386) 248-9458
http://www.hollyhillfl.org Email: ub@hollyhillfl.org

RECEIPT#_____ TRASH _____ DUMPSTER _____ TEMP.DUMP_____

Do you own or rent the property? RENT ___ OWN ___

1. DATE TO START SERVICE (mm/dd/yyyy) _____ ACCOUNT NUMBER _____
2. METER ADDRESS _____
3. NAME _____
4. MAILING ADDRESS _____
5. CITY, STATE & ZIP CODE _____
6. PHONE _____
7. DEPOSIT DATE _____
   MONTH DAY YEAR
8. DEPOSIT AMOUNT $_____
9. CAN DEPOSIT $_____ DUMPSTER DEPOSIT $_____
10. OWNER'S NAME _____
11. MAILING ADDRESS _____
12. CITY, STATE, ZIP CODE_____

PAYMENTS: Bills shall he rendered monthly. All bills shall be due 20 days from the date of billing. A charge of 15% of the bill shall be added if not paid within 20 days of the original date of billing. If not paid after 30 days from the billing date, water service will be discontinued without notice. Service may be restored after your account is paid in full. In addition to paying all monies owed on your account you will also have to pay a $25.00 delinquent account fee. An additional security deposit equal to an average two month bill will be required in the event that service is disconnected three times in a twelve month period.

I hereby agree to be responsible for payment of the Utility Services rendered to the above location in accordance with the City of Holly Hill ordinances and resolutions. If this deposit is for a business and you do not comply with the occupational license regulations, the water will be disconnected until compliance has been met.

Customer Name (please print): _____ Signature: _____

Copy of Driver's License & Driver's License#_____

Social Security#_____ Federal ID#_____