



## APPLICATION FOR UTILITY SERVICE (RESIDENTIAL CUSTOMERS)

### PLEASE PRINT

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Billing Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Owner Name(s) : \_\_\_\_\_

Customer Home Telephone: \_\_\_\_\_

Customer Business Telephone: \_\_\_\_\_

Tax I.D. Number/SNN: \_\_\_\_\_

Do You: Own? \_\_\_\_\_ or Rent? \_\_\_\_\_ this Property? Purchase or Lease Date: \_\_\_\_\_

*Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes, the City of Arcadia discloses that the City requests your social security number for the purpose of classification of accounts identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, and benefit processing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.*

*I understand and agree that as a condition to receiving utility service, I will be subject to the provisions of Chapter 102 of the City Code, as amended from time to time by the City.*

*I further understand that unpaid utility account balances constitute a lien on the real property.*

*The property owner is responsible for unpaid balances on prior owner accounts.*

\_\_\_\_\_  
(Initial)

Signature (Agent or Owner) \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

SO THAT WE MAY PROCESS THIS APPLICATION, PLEASE PRESENT THE FOLLOWING:

1. Executed settlement statement, warranty deed, property tax bill, or lease.
2. Driver license or official photo identification.
3. Required deposit for services. The deposit amount is \_\_\_\_\_.

Thank you for taking the time to complete this application. We are pleased to have you as a customer and hope that you will contact us if we may be of any service to you in the future. Please call our customer service staff at 863-494-3678 if you have any questions about your utility account or service.