

PLEASE COMPLETE AND RETURN WITH 2 FORMS OF I.D.

FOR OFFICE USE ONLY

Acct # _____

CRCK
IDCK
BDCK

CITY OF EUSTIS
APPLICATION FOR UTILITY SERVICES
RESIDENTIAL CUSTOMERS
PLEASE PRINT

Service Start Date _____

Amount of Deposit Received \$ _____
Deposit Card # _____

**NOTE: MUST BE COMPLETED BY 12 NOON FOR SAME DAY SERVICE.

Credit Check Authorization _____

Primary Name _____ S.S. # _____
 (LAST) (FIRST) (MIDDLE INITIAL)

Driver Lic. # _____ Birthdate _____

Service Location _____ City _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Employer's Name _____ Job Title* _____

Employer's Address _____ City _____ State _____ Zip _____

Have you had utility service with the City of Eustis before? Yes ___ No ___

If so under what name(s)? _____
(PLEASE PRINT)

For Joint Account or Spouse Information (circle one). Joint account requires I.D. and signature.			
Name _____	(LAST)	(FIRST)	(MIDDLE INITIAL)
S.S. # _____			
Driver Lic. # _____	Birthdate _____		
Employer's Name _____	Job Title* _____		
Employer's Address _____	City _____	State _____	Zip _____
Employer's Phone _____			

Do you own or rent this location?: Own ___ Rent ___ If Rental: Name of Owner/Apt Complex _____

Address of Owner/Apt Complex _____ Phone # _____

The undersigned understands that this is a contract for Utility Services and agrees to the terms and conditions as set forth in Chapter 94 of the City of Eustis Code of Ordinances, and on the back of this application. My signature is acknowledgment that the above information is true and correct. Any incorrect information may result in discontinuance of service. Deposit can only be refunded to the applicant of record. No exceptions will be made. A facsimile of signature is legally binding. I understand that a \$30.00 connection fee will be assessed to my account and should appear on my first bill.

Primary Applicant:
 Print Name _____
 Signature _____
 Date _____

Joint Applicant:
 Print Name _____
 Signature _____
 Date _____

Customer Service Representative Signature _____ Date _____

(The terms and conditions on the back of this application are binding)

DATE: _____ NO. OF PAGES _____
 SEND FAX TO: _____
 PHONE # _____ FAX # _____
 RETURN FAX TO: _____
 PHONE # (352) 589-4333 FAX NUMBER (352) 589-4274

*Please fill out and
 fax back w/ 2 forms ID
 and copy of lease
 or purchase agreement
 Fax # (352) 589-4274*

**CITY OF EUSTIS
 APPLICATION FOR UTILITY SERVICES**

DIRECTIONS FOR COMPLETING APPLICATION: Fill out the application on the reverse side, and write in the date you want service started in the upper right hand corner. Sign and date the application, mail to City of Eustis Utility System, P.O Drawer 68, Eustis, Florida 32727 or return to the physical location at 10 S. Eustis Street, Eustis, FL 32726 or fax to (352) 589-4274. A deposit of \$ _____ is required unless adequate credit history is established by a letter from an immediately preceding utility company expressing thirty-six (36) months of no delinquency in the applicant's name. A copy of the applicant(s)'s and/or authorized agent's current Driver's License and Social Security card is required. Incomplete or inaccurate applications may not be processed.

TERMS AND CONDITIONS

1. City agrees to furnish available utilities to applicant at address stated herein under the same standards as generally provided to all customers receiving like services, and the applicant agrees to take utility services applied as available.
2. Applicant agrees to pay for utilities furnished and billed according to existing rates schedules or any future rate schedules subsequently adopted by City Commissioners. Utilities may include water, utility tax, sewer, solid waste disposal, stormwater and other applicable charges.
 - a) Bills for utilities service are due and payable on or before the due date printed on the monthly statement. Bills which are not paid by the due date are subject to a five dollar (\$5.00) late penalty. Any utilities account which remains unpaid beyond the eighth (8) day after the due date on the bill shall be disconnected and shall be subject to a thirty dollar (\$30.00) reconnection fee. An unauthorized connection penalty in the amount of \$25.00 will be charged to the customer who has reconnected water service on his own accord without city authorization. A lock meter fee of \$30.00 will be charged to the customer who has reconnected water service without prior authorization. A cut lock fee in the amount of \$40.00 will be charged to the customer who has cut a locked meter.
3. Applicant understands and agrees that an unpaid balance due on utilities billed may be transferred to this or any other utility account of applicant for immediate payment. Unpaid balance will be turned over to a credit collection agency and become a permanent part of applicant's credit history.
 - a) Service may be withheld or disconnected if prior indebtedness to the City for service has not been paid in full.
4. Failure to receive a monthly bill shall not release or diminish the obligation of the applicant with respect to timely payment of amounts due for utilities services.
5. Applicant is responsible for all charges for services. Once water has flowed through the meter the City is not responsible for consumption.
6. Should sewer service be available but not connected, a sewer charge will still be applied to the bill each month.
7. Deposits for utilities will be held in a non-interest bearing account for three (3) years. At the end of such time, if the applicant's payment history has been current and satisfactory, the deposit will be refunded in full. If a deposit is still on file upon discontinuance of utilities services, the deposit will be applied to the final bill and the difference, if any, will be refunded.
8. Should it be necessary to require a new deposit of any applicant, the new deposit must be paid before services can be reinstated.
9. Applicant's references will be checked to verify accuracy of information furnished.
10. Any applicant who resides within the city limits of Eustis shall be required to have garbage service by the City's designated garbage collection agent.
11. Any agent signing this application on behalf of a principal hereby certifies that he or she is authorized to execute this application and recognizes he or she will be jointly and severally liable with the principal(s) under the terms and conditions of this application.
12. The applicant agrees to pay an additional charge equal to the cost of collection, including agency, attorney fees and court costs if this account is placed in the hands of an agency or attorney for collection or legal action because of default in payment.
13. The City shall not be held responsible or liable for any damage caused to any property due to activation of water and sewer services through this request, or through subsequent reactivation, which is requested by the principal or qualified agent by payment or other means.

* Certain positions are exempt from public information. If you identify yourself or your spouse as exempt from public information, you must provide your job title, employer's name and employer's phone number for verification of status.



City of Eustis

P.O. DRAWER 68 • EUSTIS, FLORIDA 32727-0068 • 352-483-5430

IMPORTANT INFORMATION ABOUT THE USE OF YOUR SOCIAL SECURITY NUMBER

To: Applicants for City Water, Sewer & Garbage Services

From: City of Eustis, Florida

Re: Social Security Number Notice

Per Florida Statutes 119.071(5)(2)(a), we are hereby informing you of the purpose for the City of Eustis' collection and use of your social security number. Your social security number may not be used by the City for any purpose other than those provided in this written statement.

CREDIT AND COLLECTIONS

The City may request and provide your social security number to the following commercial entities for the purpose of establishing a credit account for applicants of water, sewer and garbage services and for collecting delinquent accounts:

- Licensed consumer reporting agencies to obtain credit reports;
- Licensed consumer collection agencies for the recovery of delinquent accounts.

I acknowledge that I have read and received a copy of this statement.

Name (Print): _____

Applicant Signature: _____ Date: _____

For questions regarding this form or the use of your social security number, please contact:

**CITY OF EUSTIS, FLORIDA
Water Customer Service Department
10 S Eustis Street
(P.O. Drawer 68)
Eustis, FL 32727-0068
Phone #: 352-589-4333**

Original: Customer Service Dept.

Copy: Applicant