

**CONTRACTOR UTILITY APPLICATION**

Scheduled turn on date: \_\_\_\_\_

Building Permit # \_\_\_\_\_

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

Physical Address:  
\_\_\_\_\_

Parcel # \_\_\_\_\_ Subdivision \_\_\_\_\_

Billing Address:  
\_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Tax Id #: \_\_\_\_\_

Do you wish to receive e-mail bills? \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Would you like to receive "Paperless Billing and only receive a bill via your e-mail? \_\_\_\_\_

Do you wish to set up automatic monthly bill payments? \_\_\_\_\_

Do you currently have utilities with the City of Alachua? \_\_\_\_\_

If you do have a current utility account, do you wish to close this account? \_\_\_\_\_

What is the date that the utility service is to be terminated? \_\_\_\_\_

Parties authorized to make changes to this account, other than the applicant.  
\_\_\_\_\_ Relationship \_\_\_\_\_

I hereby make application to the City of Alachua for utility services and upon approval of this application I agree to abide by all ordinances, provisions, and applicable rules of the City of Alachua in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of Alachua collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of our public utilities business. The City of Alachua may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law. I will be personally responsible for the payment of the utility bills rendered under this account. A security deposit of two and one half times the average bill is required for Commercial accounts.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR CITY USE ONLY: Location #: \_\_\_\_\_ Account #: \_\_\_\_\_

Work Order #: Final \_\_\_\_\_ Turn on \_\_\_\_\_ New customer: Yes \_\_\_ No \_\_\_

Transferred Acct # \_\_\_\_\_ Final Date & WO# \_\_\_\_\_

Date opened: \_\_\_\_\_ Scheduled turn on date: \_\_\_\_\_

Proof of ownership verified: \_\_\_\_\_ Check for prior debt: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_ Opened by: \_\_\_\_\_