



RESIDENTIAL UTILITY APPLICATION

Scheduled turn on date: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____ Cell #: _____

D.O.B: _____ I.D/Passport #: _____

Social Security #: _____

E-mail Address: _____

Do you wish to opt in to Paperless Billing? No Yes By checking this box, you agree to only receive email bill notifications from the City of Alachua.

Do you wish to set up automatic monthly bill payments? No Yes

Does anyone living in the home have a medical need for electric? No Yes

Do you currently have utilities with the City of Alachua? No Yes If yes, account #: _____

If you do have a current utility account, do you wish to close this account? No Yes If yes, date: _____

Would you like to round up your monthly utility bill to the nearest dollar for Alachua Cares? No Yes

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 deposit of \$150.00 for electric, \$40.00 for water, \$40.00 for irrigation and \$50.00 for sewer is required for residential service. A letter of credit with a satisfactory credit rating may be used to waive my required residential deposit. In the event that my account no longer maintains a satisfactory credit rating, I will be required to pay the minimum deposit required for a residential account.

Sign: _____ Date: _____

CITY USE: Account #: _____ Cycle: _____ Route: _____ Status: _____

Work Order #: Final _____ Turn on _____ New customer: Yes No

Transferred Acct # _____ Final Date & WO# _____

Date opened: _____ Schedule Date & WO# _____

Proof of ownership verified: Yes No Check for prior debt: Yes No

Privacy Address: Yes No

Letter of credit and Utility name: _____

Deposit Paid: _____ Receipt # _____ Opened by: _____