

APPLICATION FOR WATER, SEWER AND GARBAGE

City of Apalachicola

192 Coach Wagoner Blvd / Apalachicola, FL 32320

Phone: 850-653-9319 Fax: 850-653-2205

email application to:

rbridges@cityofapalachicola.com or scummings@cityofapalachicola.com

Customer/Business Name: _____ Spouse: _____

Service Address: _____ Mailing Address: _____

Telephone: Home _____ Cell _____ Work _____

Have you used water service in the past? ____ If yes, What Name & Address _____

(A copy of Driver's License or Photo Identification is required)

If bill is not paid by the 15th of the month, a late fee of 10% will be incurred. If payment is not received by the 20th of each month, a fee of \$25.00 will automatically be added and service will be disconnected. If nonpayment exceeds 2 months, a \$100 pull fee will be charged to account, deposit on file will be applied and a new deposit will be required to reinstate service. A transfer fee of \$25 will be imposed to transfer utility service from one location to another. **Residential deposit is \$150.00.** Contact our office for commercial deposit rates. All utility bills must be paid in full before transfer can be completed.

Signature of Customer/Renter: _____ **Date:** _____

If you are a renter, a signature from the owner is required below. I have read the above statement and fully understand my responsibility as a customer. I will be responsible for water, sewer, and garbage charges at the address above during my tenancy.

Signature of Owner: _____ **Date:** _____

Owner, by signing here you acknowledge that you will be responsible for any unpaid balance(s) at your property. All past-due balances must be paid in full prior to the commencement of new services.

New Owner

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government acting through the Rural Utilities Service that the Federal laws prohibiting discrimination against participant applications on the basis of race, color, national origin, religion, sex, family status, age and disability are complied with. **You are not required to furnish this information but encouraged to.** This information will not be used to discriminate against you in any way.

Race:

ASIAN			
AFRICAN AMERICAN		NATIVE HAWAIIAN/ISLANDER	
AMERICAN INDIAN/ALASKAN		WHITE	

Gender: M / F (Circle one)

FOR OFFICE USE ONLY:

DEPOSIT \$ _____

RECEIPT # _____

ACCOUNT # _____

BEGINNING SERVICE DATE: _____

SEWER: _____ GARBAGE _____

METER # _____

NOTE: Applications completed after 4:00 pm cannot be assured of same day service.