



America's Seaplane City™

CITY OF TAVARES PO BOX 1068 TAVARES, FLORIDA 32778

NEW RESIDENTIAL UTILITY ACCOUNT APPLICATION  
PLEASE PRINT

SERVICE START DATE: \_\_\_\_\_

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

ADDITIONAL ACCOUNT HOLDER: \_\_\_\_\_

SERVICE ADDRESS : \_\_\_\_\_

Do you? Rent \_\_\_\_\_ Own \_\_\_\_\_ Manage \_\_\_\_\_ If you are not the owner of the property, please provide a copy of your lease.

MAILING ADDRESS (if different):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL/OTHER PHONE: \_\_\_\_\_

Driver's License Number (include State): \_\_\_\_\_

Addl. Account Holder D.L. #'s \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does this account have a separate irrigation meter? \_\_\_\_\_ YES \_\_\_\_\_ NO

**A deposit of \$175.00 is required upon opening a residential account. An additional deposit of \$100.00 is required for each additional meter.**

**\*\*There is a one-time service charge of \$25.00 per meter for establishing a new account; this charge will appear on your first bill.\*\***

The undersigned customer hereby applies for connection of utility services to that premises for residential use at the scheduled rates, until and unless notice is given to the City in writing that service is to be discontinued, for whatever period of time. The undersigned customer agrees to conform to all ordinances, rates, rules and regulations of the City of Tavares utility service as are now or hereafter in force and which are made part of this contract. The customer also agrees to pay the wastewater capital charge, the water capital charge and the connection fees as provided for in these ordinances. The customer further agrees that all charges for utility services, as they may become due from time to time, shall be and are hereby made a lien upon the above property so long as said charges remain unpaid, as between parties to the contract. (Section 17-4, City of Tavares Land Development Regulations) Any customer's previous outstanding balances will be transferred to the customer's new account.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secondary Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>			
ACCOUNT/LOCATION _____	CYCLE/ROUTE _____		
DEPOSIT: _____	CA	CK	CC
OPENED BY _____			

FOR RENTAL PROPERTIES, PLEASE NOTE;

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Was backflow device previously installed? Yes \_\_\_\_\_ No \_\_\_\_\_

Deposit: \_\_\_\_\_ Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_

Backflow Prevention device: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Signature on contract: Yes \_\_\_\_\_ No \_\_\_\_\_

Account opened by: \_\_\_\_\_

**DEPOSIT:**

Refunded or Applied:

Date: \_\_\_\_\_ Voucher# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Balance

Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_