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(or as a separate attachment)



## City of Ormond Beach

Finance Department  
22 South Beach Street  
Ormond Beach, FL 32174

[www.ormondbeach.org](http://www.ormondbeach.org)

(386) 676-3209

Fax (386) 676-3374

E-mail [customerservice@ormondbeach.org](mailto:customerservice@ormondbeach.org)

### UTILITY CUSTOMER SERVICE APPLICATION

Incomplete requests will not be processed. Please remit the following (fax, mail and e-mail information above):

- Customer Service Application
- A copy of a **valid** Federal or State Government issued photo ID
- **A signed (buyer & seller/tenant & owner) copy of your Settlement Statement/HUD/Lease Agreement**
- **Deposits\* depending on meter size and services provided (contact us for details)**

\*deposits due at time of application for service

\*deposits refunded as a credit on account after 24 on-time full monthly payments

Name of account holder: \_\_\_\_\_

Contact person (If different from account holder): \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different than Service Address): \_\_\_\_\_

Is this a **CONFIDENTIAL ADDRESS** per Florida Statute (Judge, law enforcement etc)? \_\_\_\_\_

Social Security number: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Customer type (Owner, Renter, Realtor): \_\_\_\_\_

Date starting service: \_\_\_\_\_ (\$15.00 fee for same day service)

Stopping service at another location in Ormond Beach? Where and when: \_\_\_\_\_

Type of bill (electronic, paper or both): \_\_\_\_\_

E-mail address for electronic bills (please print clearly): \_\_\_\_\_

Bank Drafting (Yes or No): \_\_\_\_\_ (If yes, please submit a voided check) BANK DRAFTING REQUIRES THAT FUNDS ARE AVAILABLE IN YOUR ACCOUNT ON THE DATE OF THE BANK DRAFT, JUST AS IF YOU HAD WRITTEN A CHECK. PENALTY CHARGES MAY APPLY FOR DRAFTS THAT ARE REFUSED BY THE BANK FOR NON-SUFFICIENT FUNDS OR CLOSED ACCOUNTS. TO CANCEL BANK DRAFTING, YOU MUST NOTIFY US IN WRITING. BANK DRAFTING WILL BE DISCONTINUED AT THE BILLING CYCLE FOLLOWING YOUR REQUEST.

#### TERMS AND CONDITIONS

I confirm the customer name, service address, mailing address and customer type on this application are correct. The City will not be liable for any damages that may occur due to the connection of service. I understand that I am responsible for payment of the utility services at this location until I notify the City otherwise. I also understand that bills for the above utility services are rendered on a monthly basis and that failure to make payment for utility services by the 30th day following the bill date will result in disconnection of services without further notice and will also result in a delinquent service charge. If my services are delinquent, the entire outstanding amount on my account, including service charges, must be paid in full in order to reinstate my utility service. Tampering with the meter will result in penalties determined by general law. **There is a \$15.00 initial read charge per meter that will be billed to your account. There is a \$15.00 fee for same day service and a \$50.00 fee for any service after 4:30 pm.** I agree to abide by City Ordinances with respect to utility services.

Signature of account holder \_\_\_\_\_ Date \_\_\_\_\_



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