

## CITY OF WAUCHULA APPLICATION AND AGREEMENT FOR SERVICES

ACCT. # FROM \_\_\_\_\_ TO \_\_\_\_\_ DATE \_\_\_\_\_

PHONE # \_\_\_\_\_ CLERK \_\_\_\_\_

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

REMARKS \_\_\_\_\_

ELECTRIC DEPARTMENT

WATER DEPARTMENT

CONNECT METER # \_\_\_\_\_ CONNECT METER# \_\_\_\_\_

READING \_\_\_\_\_ READING \_\_\_\_\_

REQUEST DATE \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS \_\_\_\_\_ PRINCIPAL OFFICER(S) OF CORPORATION \_\_\_\_\_

NAME \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

PHONE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ OWNER OF PROPERTY \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

RESIDENTIAL NAME \_\_\_\_\_ NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SEX \_\_\_\_ DOB \_\_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_ DOB \_\_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ RACE \_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

OTHER OCCUPANTS 18 OR OLDER \_\_\_\_\_

CAR/TRUCK MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LIEN \_\_\_\_\_

LICENSE TAG # (S) \_\_\_\_\_ LANDLORD \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

IF PREVIOUSLY SERVICED BY CITY OF WAUCHULA, WHAT NAME \_\_\_\_\_

RELATIVE/CLOSE FRIEND (NAME & ADDRESS) \_\_\_\_\_

CREDIT REFERENCES (1) \_\_\_\_\_ (2) \_\_\_\_\_

I agree to pay \$ \_\_\_\_\_ for my deposit. I agree to pay/transfer \$ \_\_\_\_\_ today and will pay \$ \_\_\_\_\_ or furnish an acceptable Letter of Credit by \_\_\_\_\_. I understand that if I do not pay the additional deposit or bring in the Letter of Credit by the date(s) stated above, that my utilities will be disconnected at my current address without further notice.

I hereby make application to the City of Wauchula for utilities for the above named person(s) and agree to pay for utility services furnished this account in this name by the City of Wauchula in accordance with the City's current rate schedule and any amendments thereto. I further state that to the best of my knowledge, I NOR ANY OTHER OCCUPANT of this address have received utility service from the City of Wauchula except as stated above and agree that if in any event there should be any unpaid bill, I understand that the City may disconnect my utilities at the current address and may apply any remaining deposit to such unpaid bill.

WITNESS

CUSTOMER SIGNATURE (sign full name)