

**City Of Lake City
Customer Service Department**

205 N Marion Ave
Lake City, FL 32055
Telephone: (386) 752-2031
Fax: (386) 719-5837

RESIDENTIAL SERVICE APPLICATION

Name: _____ Phone: _____

Service Address: _____

Mailing Address: _____ Date of Birth: _____

Drivers License #: _____ SOCIAL SECURITY # _____

Employer: _____ Work Phone: _____

Moving or transfer disconnect address: _____ Date: _____

Do you wish to have your utilities automatically deducted from your bank account? ____ Yes ____ No

If tenant, complete the following:

Name of Owner: _____ Phone: _____

Address: _____

"Important Notice to Customers Please Read and Sign Below"

"I hereby make application to the City of Lake City, Florida for utility service to be supplied at the address" herein described, and upon approval of said application agree to abide by all ordinances, provisions, and" applicable rules of the City of Lake City in regard to its 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."

Special Notice for Gas Customers:

I hereby authorize and direct the City of Lake City to go onto my premises for the purpose of installing the gas service line from the gas main to my property and to make all necessary excavations and repairs on my premises for such purpose. I further understand and agree that the City of Lake City shall determine the location of any excavation and meter and that employees of the City of Lake City are granted access to my property for any reason deemed necessary to service said utility and utility account.

Electronic Check Re-Presentation Policy-In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy may be obtained by contacting your financial institution.

Applicant Signature: _____ Date: _____

Off ice Use Only:

Deposit:

Water _____ Sewer _____ Gas _____ Non-Refundable Fees: Initiation Fee _____

After Hours _____

Customer ID: _____ Date: _____ Total Due: _____

Location ID: _____

Previous LID: _____ **CSR Initials:** _____