

Account _____

Name _____

CHECKLIST

CHECK NAME OF APPLICANT AND OWNER OF PROPERTY FOR
OUTSTANDING ACCOUNTS AND LAST FOUR OF SOCIAL SECURITY
NUMBER OF APPLICANT

CHECK METER BOOK AND COMPUTER FOR NOTES

COMPLETED APPLICATION

COPY OF DRIVER'S LICENSE OR I.D. CARD

COPY OF SOCIAL SECURITY CARD

RENTAL NOTIFICATION SIGNED BY OWNER OR DOCUMENT
SHOWING PROOF OF OWNERSHIP

WRITE DEPOSIT AMOUNT IN DEPOSIT RECEIPT BOOK

WRITE UP WORK ORDER

NOTES:

UTILITY SERVICE APPLICATION

Account Number: _____ Date: _____
Location Address: _____ Receipt #: _____

PLEASE PRINT

Customer Name: _____ Date of Birth: _____
Former/Maiden Name: _____
Race: White___ African American___ Hispanic or Latino___ Native Hawaiian___ Asian___
Native American/Alaskan Native___ Other___

Sex: Male___ Female___
(Required by USDA Loan/Grant)

MAILING ADDRESS FOR UTILITY BILL: _____
Home Telephone #: _____
Place of Employment: _____ Telephone #: _____
Social Security #: _____ Driver's License #: _____

COMPLETE THE FOLLOWING ON YOUR SPOUSE:
Spouse Name: _____ Date of Birth: _____
Former/Maiden Name: _____
Place of Employment: _____ Telephone #: _____
Social Security #: _____ Driver's License #: _____

NEAREST RELATIVE/FRIEND'S NAME, ADDRESS, TELEPHONE #: _____

TYPE OF SERVICE: Residential___ Commercial___ IF RESIDENTIAL, PLEASE READ AND SIGN THE AFFIDAVIT ON THE BACK OF THIS APPLICATION.

UTILITIES YOU ARE REQUESTING: Water___ Electric___ Gas___

DO YOU: Own___ Rent___ IF RENTING, PLEASE FURNISH US WITH LANDLORDS NAME, ADDRESS, AND TELEPHONE #: _____

HAVE YOU HAD UTILITIES WITH US BEFORE? Yes___ No___
IF YES, WHERE: _____

IT IS RECOMMENDED YOU BE PRESENT WHEN UTILITIES ARE TURNED ON. IF GAS IS REQUESTED, AN ADULT MUST BE PRESENT WHEN THE GAS IS TURNED ON. YOUR DEPOSIT IS ADVANCE PAYMENT FOR FUTURE SERVICE AND TO SATISFY ANY OUTSTANDING DEBT. CUSTOMER'S SIGNATURE IS ACKNOWLEDGING THE RECEIPT OF THE UTILITY INFORMATION HANDOUT.

Customer Signature: _____ Date: _____

RESIDENTIAL HOUSEHOLD AFFIDAVIT

This is to certify that until the undersigned notifies the City of Chattahoochee otherwise in writing all of the electrical and natural gas services provided by the City of Chattahoochee to the following account(s) are exempt from Florida Sales taxes for the following reason(s):

___ The electric and natural gas service provided to this account will be used exclusively to serve a residential household, and the meter(s) will not serve any commercial or business activities. Commercial or business activities include, but are not limited to, rental operations that cater primarily to transient guests (hotels, motels, and room rentals), the provision of day care facilities, and the performance of any activity that is not residential in nature.

___ The electric and natural gas service provided to this account will be used exclusively to serve common areas of residential housing complexes, and the meter(s) will not serve any commercial or business activities, such as vending machines, coin operated laundry facilities, sewage/list station equipment or any activity that is not residential in nature.

___ The electric and natural gas service provided to this account will be used exclusively to serve a residential model home. The meter(s) will not serve any commercial activity, such as sales or business office, or any activity that is not residential in nature.

UTILITY ACCOUNT NUMVER AND ADDRESS OR EXEMNPT LOCATION(S):

THE UNDERSIGNED UNDERSTANDS THAT IS SUCH PURCHASES OF ELECTRICITY AND NATURAL GAS DO NOT QUALIFY FOR THE EXEMPTION INDICATED ABOVE, THE UNDERSIGNED WILL BE SUBJECT TO SALES AND USE TAXES, INTEREST, AND PENALTIES BY THE FLORIDA DEPARTMENT OF REVENUE, AND THAT WHEN ANY PERSON SHALL FRAUDULENTLY, FOR THE PURPOSE OF EVADING TAX, ISSUE TO A VENDER OR ANY AGENT OF THE STATE A CERTIFICATE OR STATEMENT IN WRITING IN WHICH HE CLAIMS EXCEMPTION FROM THE SALES TAX, SUCH PERSON, IN ADDITION TO BEING LIABLE FOR PAYMENT OF THE TAX PLUS A MANDATRORY PENALTY OF 200% OF THE TAX, SHALL BE LIABLE FOR FINE AND PUNISHMENT AS PROVDVED BY LAW FOR A CONVICTION OF A MISDEMEANOR OF THE SECOND DEGREE, AS PROVIDED IN s. 775.082, s. 775.083, OR s. 775.084, F.S.

Signature

Print Name

Name of Organization

Title

Date

SOCIAL SECURITY NUMBERS & NEW REQUIREMENTS
UNDER SECTION 119.071 (5), FLORIDA STATUTES (2007)

THE CITY OF CHATTAHOOCHEE COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING
PURPOSES: Classification of accounts, Identification & Verification, Credit Worthiness, Billing &
Payments, Data Collection, Reconciliation, Tracking, Benefit Processing, Tax Reporting.

Social security numbers are also used as a unique numeric identifier and may be used for search
purposes.

Received by: _____

Date: _____

RENTAL NOTIFICATION

This is to inform you that I, _____ (Landlord’s Name & Phone #), have rented my property at _____ (Property Address) to _____ (Renter) as of _____ (Date of Agreement). Listed below are the adults authorized to reside at said location.

Name & date of birth of all adult residents authorized to reside at residence: _____

We understand that the utilities and deposits must be in the same name of the renter. We further understand that if the renter or owner owes the City of Chattahoochee any outstanding balance on a former account with the city, utilities cannot be provided at this address until the former balance is paid in full.

Signature of Property Owner

Signature of Renter