



Town of Lake Hamilton

100 Smith Avenue
P.O. Box 126
Lake Hamilton, FL 33851
Phone (863) 439-1910
Fax (863) 439-1421

UTILITY SERVICE APPLICATION FOR COMMERCIAL USE

(Please Check One)

Action Requested: Connect _____ Disconnect _____

Service Type: Commercial _____ Irrigation _____ Multi-Unit _____

Inside City Limits _____ Outside City Limits _____ Date to be Completed: _____

Utility Deposit Amount: \$200.00 & \$30 Admin Fee

Water will be turned on within 24 hours of payment

Applicant's Name: _____

Business Name: _____

Service Address: _____

Billing Address: _____

Email Address: _____ Would you like your bill emailed instead of mailed each month? Yes ___ No ___

Day Phone #: () _____ Home #: () _____ Work #: () _____

Co-Applicant or Parties Authorized to Alter Status of Account(s):

Name: _____ Relationship: _____

Required Documentation: Please attach copies of: (1) property ownership documentation, (2) picture identification, (3) \$200.00 Deposit in Cash, Check or Money Order, (4) and the backflow annual inspection fee (see next page for fee schedule).

FOR OFFICE USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE

Deposit: \$200.00 Account Number: _____ Deposit Date: _____

Deposit Type: _____ Work Order #: _____ Date received in office: _____

Meter Reading: _____ MIU #: _____

Initials Water Dept: _____ Date completed: _____

Initials: Clerk's office: _____ Date/time: _____

If service address is LEASED OR RENTED, please complete this section.

Copy of lease is REQUIRED.

Name of Rental Agency or Landlord: _____ Phone #: _____

Real Estate Agents/ Property Management Companies- provide active/ current account numbers under their control:

- On-site pets must be secured in areas away from water meter location(s) in order for utility staff to service/read meters. To prevent water damage, make sure all water faucets are turned off prior to the scheduled connection date, the Town is not responsible for damages resulting from open or leaking fixtures. If water is found to be running when we attempt service connection, service will not be connected until someone is present at the service address.
- The Town water bills are sent out on the last working day of the month and payment is due by the 15th of the month or a 10% late fee will be assessed. If payment is not received by the 20th of the month, service will be disconnected and a reconnection fee of \$30.00 will be added to the account. Payment in full of any past due balances and/or fees is required prior to resume service.

Backflow prevention is vital to the safety of users of our water supply; it is also mandated by FDEP and DOH.

The Town of Lake Hamilton will be inspecting and/or installing a backflow prevention device on all business accounts as a part of the meter installation.

Size of RP Backflow Prevention Device	Installation Cost for a new RP Including parts and labor	Annual Testing and Repair (annual maintenance fee)
3/4"	\$465.00	\$45
1"	\$500.00	\$45
1 1/4"	\$800.00	\$65
1 1/2"	\$840.00	\$65
2"	\$999.00	\$65

By filing this application with the Town of Lake Hamilton, I am agreeing to be responsible for all charges incurred at this address for the services listed on the application. I have been provided a copy of additional fees which may be charged to my account. If I no longer require services, I will fill out an account modification form. I agree the town may use the \$200 deposit to pay off any outstanding balance when I close the account. I agree to pay any outstanding balance which the deposit does not cover within 15 days of receiving an invoice.

Applicants Signature: _____ Date: _____

Town of Lake Hamilton Water Service Application Appendix. The Water Treatment Plant was built with grant money from the USDA and we are required to comply with certain requirements related to the grant.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

ETHNICITY	MALE	FEMALE
Hispanic or Latino		
Not Hispanic or Latino		
RACE		
American Indian/Alaskan Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program [Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.