



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 MODIFICATION

(Please Check One)

Action Requested: Transfer _____ Disconnect _____ Vacation _____

Service Type: Residential _____ Commercial _____ Irrigation _____ Multi-Unit _____

Inside City Limits _____ Outside City Limits _____ Requested date to be Completed: _____

Admin Charge \$30.00 to close account

Applicant's Name: _____

Service Address: _____

Billing/Forwarding Address: _____

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

Email Address: _____ Can we email you the final bill? Yes ___ No ___

Signature: _____

Date: _____

OFFICE USE ONLY

SALES: _____

DEPOSIT: _____

REFUND: _____

DATE: _____

ACCOUNT #: _____

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

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

Work Order #: _____ Date received in office: _____

Meter Reading: _____ MIU #: _____

Initials Water Dept: _____ Date completed: _____

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