



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

(Please Check One)

Action Requested: Connect____ Reactivate____ Transfer____ Disconnect____ Vacation____

Service Type: Residential____ Commercial____ Irrigation____ Multi-Unit____

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

Utility Deposit Amount: \$200.00

Applicant's Name: _____

Service Address: _____

Billing Address: _____

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, and (3) \$200.00 Deposit in Cash, Check or Money Order.

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

Copy of lease is REQUIRED.

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

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

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

Deposit Type: _____ Work Order #: _____ Date to completed: _____

Staff Signature: _____

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.

******* Monthly charges included in Utility Bill- Water, Garbage, Recycling, and Yard Debris. *******

I agree to the statements listed above and acknowledge that, to the best of my knowledge, all the above information provided is true and correct. Incorrect information may result in disruption of service and/or additional service charges.

Applicants Signature: _____ Date: _____