



# Gulf Breeze Utilities

## New Account Application

BUSINESS NAME (If applicable): \_\_\_\_\_

NAME 1 (Primary): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

NAME 2 (Secondary): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ Residential      Commercial

MAILING ADDRESS: \_\_\_\_\_ Tax Exempt: Yes      No

PRIMARY#: \_\_\_\_\_ SECONDARY#: \_\_\_\_\_ WORK#: \_\_\_\_\_

DATE OF BIRTH: Name 1's: \_\_\_\_\_ Name 2's: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TYPE: Owner or Tenant

PAPERLESS: Yes or No

BANK DRAFT: Yes or No

PREVIOUS ACCT W/CITY: Yes or No

NON REFUNDABLE SERVICE FEE: \$30.00

GAS DEP. \_\_\_\_\_ WATER DEP. \_\_\_\_\_ SEWER DEP. \_\_\_\_\_ MIDWAY SEWER DEP. \_\_\_\_\_

**EFFECTIVE START DATE:** \_\_\_\_\_ **APPT TIME:** \_\_\_\_\_ *(for gas appts only)*

**ACKNOWLEDGEMENTS:**

**WATER CUSTOMERS**

I acknowledge that if the City is unable to leave my water service on because there is water running at the service due to valves being in the "on" position, a \$30.00 service fee will be charged to return during working hours, or a \$80.00 fee for after hours.

**NATURAL GAS CUSTOMERS**

I will make an appointment to have my gas turned on, and acknowledge that electricity must be on, and that a responsible party that is at least 18 years of age will be on site for said appointment. If subsequent trips are required due to non-compliance with agreement, a \$30.00 (or \$80.00 for after hours) service charge will be assessed for each additional trip.

**SEWER CUSTOMERS (MID-WAY WATER or ECUA WATER)**

I acknowledge that if my sewer charges become delinquent with the City of Gulf Breeze, my water service with Midway Water Company will be turned off until said sewer account with City of Gulf Breeze is made current.

**RECLAIMED WATER CUSTOMERS**

I acknowledge that I have received, understand, and will abide by the practices for use of reclaimed irrigation water which protects human health and the environment and other practices as may be established from time to time by the state.

**ALL CUSTOMERS**

I acknowledge that I may terminate service at said location by giving notice to the Utility Department and providing my date of birth for identification purposes. I further acknowledge that, in the event that I fail to give notice as described herein, I shall be liable for all costs associated with said service until the appropriate notice is received. I further acknowledge that no applicable service deposit shall be refunded until the service is terminated as prescribed herein; and that said deposit shall not bare interest.

By signing below you acknowledge all disclosures above.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*