

New _____ Transfer _____ Owner _____ Tenant _____



Ask about ABP & e-bill
Save \$2 per month

**CITY OF DELAND
UTILITY ACCOUNT APPLICATION/CHANGE FORM**

Account Number: _____

New Account (Residential):

Name: _____

Service Address: _____

Apt. # _____ Zip Code: _____

Mailing Address (if different): _____

Phone Number: _____

I understand that my phone number will be used to contact me about my account via any method the City deems appropriate, including automated systems. By refusing to provide my number the City will not be able to contact me about late or delinquent payments.

Social Security Number: _____

Driver's License Number: _____

State: _____

Check one: Turn on meter Leave meter off

Date to Turn On Service: _____

Customer's Signature: _____

Note: Copy of rental agreement or lease must be shown if applicant does not own the property.

New Account (Commercial):

Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____

I understand that my phone number will be used to contact me about my account via any method the City deems appropriate, including automated systems. By refusing to provide my number the City will not be able to contact me about late or delinquent payments.

Social Security Number: _____ or copy of articles of incorporation

Check one: Turn on meter Leave meter off

Date to Turn On Service: _____

Customer's Signature: _____

Note: Copy of rental agreement or lease must be shown if applicant does not own the property.

Office Use Only:

SS # Verified By: _____ Date: _____

Driver's License Verified By: _____ Report #: _____

Signature Verified By: _____ Deposit Amount: _____

Red Flag Amount: _____