

New _____ Transfer _____ Owner _____ Tenant _____



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

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

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: _____