

CITY OF BUSHNELL

APPLICATION FOR RESIDENTIAL UTILITY SERVICE - MUNICIPAL

Requested Date for Connection of Services: _____, 20 _____

All customers shall be charged service deposits according to the schedule of charges in this chapter. Initial deposits for new accounts are calculated based upon results of a credit inquiry. This deposit shall be refunded without interest after the service is permanently discontinued, provided that all applicable charges have been paid. The city retains the right to evaluate the customer's account at any time to ensure deposit is adequate on the account. The city retains the right to apply any refundable deposit against the customer's account(s) when a balance is existing and then to refund any credit balance remaining.

Your Social Security number is requested in accordance with F.S. 119.071(5)(a) to allow us to collect utility deposits and pursue collections, if necessary after your account is closed. Applicant agrees to pay additional charges equal to the cost of collection, including collection agency, attorney's fees and court costs if this amount is placed in the hands of any agency or attorney for collection or legal actions because of default in payment of any amount due. Failure to provide your Social Security number will automatically necessitate two months' deposit at your location and the maintenance of good credit standing for life of the account. Any applicant that does not provide the required information for a credit inquiry will be subject to the maximum account deposit as outlined in city code. The City of Bushnell is in compliance with the Federal Fair and Accurate Credit Transaction Act of 2003.

ACCOUNT NAME: _____

STREET ADDRESS: _____ APT/LOT# _____

MAILING ADDRESS: _____

PHONE: () _____ - _____ CITY _____ STATE _____ ZIP _____
SS# _____ - _____ DOB _____ / _____ / _____

Driver's License: _____ -OR- Other form of ID: _____

Email Address: _____ **WOULD YOU LIKE YOUR BILL EMAILED?** _____

Cell: () _____ - _____ **ARE YOU RENTING OR DO YOU OWN THE HOME?** RENT _____ OWN _____

Have you been a prior City Customer? _____ Employer: _____ Phone # _____

**** IS ANY MEMBER OF YOUR HOUSEHOLD ON LIFE SUPPORT EQUIPMENT OR REQUIRING SPECIAL NEEDS THAT REQUIRES ELECTRICITY? _____ (IF YES, PLEASE PROVIDE US WITH A DOCTOR'S STATEMENT and COMPLETE THE SUMTER COUNTY EMERGENCY MANAGEMENT SPECIAL NEEDS FORM PROVIDED BY THE CITY)**

The City of Bushnell agrees to furnish available utility services to applicant at the address stated herein in accordance with Chapter 27 of the Bushnell Code of Ordinances. Any unpaid balance on any other utility account of applicant with the City must be paid in full concurrent with this application. If payment of monthly bills is unsatisfactory, the City may require a new and/or additional deposit equal to two months of the current monthly utility bills without prior notice to customer. When service is disconnected, any deposit on the account will be applied to the final balance and applicant is indebted to the City for any additional balance thereof; or, if any credit is owed, it will be refunded to the applicant.

Applicant acknowledges that utility service is provided for residential purposes only, and will not be used to service any home-based business or commercial activities.

By execution of this utility application, applicant consents to give the City of Bushnell, Florida, its contractors and agents, authority to enter upon the above referenced property for the purpose of meter reading and/or required maintenance of any and all service related equipment, including, but not limited to; meters, lift stations, or refuse carts for water, electric, sewer, or refuse services. Applicant submits this application in accordance with the provisions of the Bushnell Code of Ordinances, Chapter 27, and agrees to abide by all rules and regulations as outlined in the Code.

All customers are required to have a utility credit check prior to opening an account, the fee for this is \$5 _____

APPLICANT SIGNATURE

DATE

PLEASE PRINT THE NAME AND ADDRESS OF AN EMERGENCY CONTACT NOT LIVING IN YOUR HOME:

NAME: _____ ADDRESS _____
City State Zip

PHONE _____ RELATIONSHIP TO ACCT HOLDER: _____

The City of Bushnell is an equal opportunity service provider and performs all phases of service related activity without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic Information & Testing, Family & Medical Leave, protected veteran status, or any other characteristic protected by law.

FOR OFFICE USE ONLY: CREDIT RESULTS: (G) (Y) _____% (R) _____% No credit check / full deposit

DEPOSITS: Elec (DPE) \$ _____ Water (DPW) \$ _____ Refuse (DPR) \$ _____ Sewer (DPS) \$ _____ Credit Check (CCC) \$5.00
SVC \$50.00

Total Due: \$ _____ Reference # _____ Seq # _____ Date: _____

Acct. No. _____ -- _____ City Representative _____

Notes: _____