



# UTILITY SERVICE APPLICATION

Today's Date: \_\_\_\_\_ Turn On Date: \_\_\_\_\_

Name: \_\_\_\_\_ Check One  Owner  Renter

Physical Address: \_\_\_\_\_

Marianna, Florida 3244(\_\_\_\_)

Mailing Address: (if same please check here  ) \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DL # Including State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like your bill:  EMAILED  MAILED  BOTH

Check One:  RESIDENTIAL  COMMERCIAL  CONSTRUCTION


Would you like to add someone as an **AUTHORIZED PARTY** to your account? (able to make changes to account/close account)(must be 18+):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*I hereby make application to the City of Marianna for utility services. Upon approval of this application, I agree to abide by all ordinances, provisions and applicable rules of the City of Marianna in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of Marianna collects your social security number for the following purposes: customer identification and verification, creditworthiness, and other lawful purposes necessary in the conduct of our public utilities business. The City of Marianna may also release your SSN to the Credit Bureau should your account become delinquent, necessitating the closure of your account.**

**\*The City of Marianna reserves the right to require additional deposits if the customer's account appears on the cut-off list 3 or more times within a one year period as addressed in City Ordinance 1032.**

**\*You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.**

I also acknowledge that I have read, understand, and will abide by the Yard Trash Pick Up Policy's procedures, codes, and instructions. \_\_\_\_\_  Initial here

**\*I/We have read this disclosure and agree that the City of Marianna may contact me/us as described above.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY CLERK'S OFFICE				<input type="checkbox"/> Scanned
Services available at address: <input type="radio"/> WATER <input type="radio"/> SEWER <input type="radio"/> GAS <input type="radio"/> GARBAGE (CURB / YARD)				
Deposits:			DEPOSIT BEING PAID:	
WATER:	Owner \$60	Renter \$125	Com \$100	Water: \$ _____
GAS:	Owner \$50	Renter \$125	Com \$ TBD	Gas: \$ _____
CUT ON:	Inside \$15	Outside \$18.75		Cut on fee: \$ _____
GARBAGE:	Curb \$12.85	Yard \$4		Garbage: \$ _____
ACCOUNT NUMBER	_____ - _____	_____ - _____		TOTAL: \$ _____