

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 refuse to provide my phone number. I understand that this means the City will be unable to provide electronic notification of late and delinquent payments.

Social Security Number _____

Driver's License Number _____

Date to Connect Service _____

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 refuse to provide my phone number. I understand that this means the City will be unable to provide electronic notification of late and delinquent payments.

Social Security Number _____ or copy of articles of incorporation

Date to Connect Service _____

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: _____