

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 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: _____ 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 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

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: _____