



TOWN OF LAKE PLACID – APPLICATION FOR UTILITIES SERVICE

1069 US 27 NORTH
LAKE PLACID, FL 33852

Phone (863) 699-3747 Fax (863) 699-3749

Cycle #1 Cycle #2
Read Route # _____
Sequence # _____

Location Address _____

Location ID _____

Annexation (Circle One): On File Required N/A (Within Town, Tomoka, Highway Park, Paradise Village) **Account #** _____

Account Type (Circle One): Residential Commercial **Connect Date** _____

1.

(Customer to fill out this portion) Owner Yes No (Renters and tenants must complete section #2)

Name _____ Spouse/Alternate Name _____

Mailing Address _____ Mailing Address _____

Primary Phone _____ Secondary Phone _____

Date of Birth _____ Date of Birth _____

SSN _____ Alt. SSN _____

Company Name _____ SSN/FEIN _____

Note: Copy of a Photo Identification is required – Driver’s License preferred.

Auto Draft (Yes/No) _____ Monthly bill deducted from a checking or savings account. Attach check marked **VOID**.

Email Billing (Yes/No) _____ If yes, Email Address _____

I hereby state that the above information is correct. It has been explained to me that the Base Facility Charge is due each month even if no water is used. I also state that it has been explained to me that my final bill will be deducted from my deposit, and I will receive the difference if any by mail. A disconnection fee will be charged when the account is closed. \$50.00 for RESI and \$62.50 for RESO accounts. If the bill is more than the deposit I understand that I have 20 days from the notice to pay my final bill. Information regarding this utility service is a Public Record. Privacy Status is only available to people providing documentation that they are personnel of the military or law enforcement.

Signature _____ Date _____

2.

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Phone Number: _____

DEPOSITS – Refundable when the account is closed – less any balance due. Dependent on meter size and location.

Water: Meter Size _____ \$ _____ UBSD – D WA

Wastewater: \$ _____ UBSD – D WW

FEES – Not refundable – for services to open account.

Water Connection Fee: RESI = \$50.00 RESO = \$62.50 \$ _____ UBSC – WA

Sanitation Set-up Fee: Commercial Locations ONLY = \$25.00 \$ _____ UBSC – SA

NEW LOCATION DEVELOPMENT FEES – Not refundable – dependent on meter size.

Meter Setting \$ _____ UBSC – WA

Water System Development Charge/Impact Fee (Residential) \$ _____ FMS - SDC1 - WA

Water System Development Charge/Impact Fee (Commercial) \$ _____ FMS - SDC2 - WA

Wastewater System Development Charge/Impact Fee (Residential) \$ _____ FMS - SDC3 - WW

Wastewater System Development Charge/Impact Fee (Commercial) \$ _____ FMS - SDC4 - WW

OTHER _____ BORE FEE _____ \$ _____ UBSC – WA

TOTAL DEPOSITS AND FEES Cash / Check # _____

Work Order Number(s) _____

Exiting Customer Name _____ Account # _____

Application Processed By _____ Payment Posted By _____ Date _____

Meter Readers Contacted By _____ To () Connect () Disconnect () Other



Town of Lake Placid
1069 US HWY 27 N. - Lake Placid, Florida 33852

AUTO DRAFT FORM

Customer Name: _____ Account #: _____
Location Address: _____ Location #: _____
Billing Address: _____
Phone Number: _____ Email: _____

Attach Copy of Voided Check

I certify that I am an authorized signer or designate of the account provided for auto draft transactions and that I am authorized to provide this information. I authorize the Town of Lake Placid to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to the Town of Lake Placid will revoke this authorization. I understand that the Town of Lake Placid reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice and that a \$30.00 NSF fee will be added to my account should payment be returned due to insufficient funds.

Auto draft payments are deducted from the designated account 10 business days after the bill date.

Printed Name

Signature

Date