

**The City of Lake City
Customer Service Department**

205 N Marion Avenue
Lake City, FL 32055
Telephone: (386) 752-2031
Fax: (386) 719-5837

COMMERCIAL SERVICE APPLICATION

Account Name: _____

Doing Business As: _____ Business Phone: _____

Service Address: _____

Mailing Address: _____

Moving/Transfer Address: _____ Disconnect Date: _____

Date you would like service to Start: _____

Business Owner: _____ Phone Number: _____

Federal ID Number: _____ Point of Contact: _____

Driver's License Number: _____ Date of Birth: _____

E-Mail Address: _____ E-Billing: _____ Yes _____ No

If tenant, the following IS REQUIRED:

Owner's Name: _____ Owner's Phone: _____

Owner's Address: _____

"Important Notice to Customers Please Read and Sign Below"

"I hereby make application to The City of Lake City, Florida for utility service to be supplied at the address" herein described, and upon approval of said application agree to abide by all ordinances, provisions, and" applicable rules of in regard to its 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."

Special Notice for Gas Customers:

I hereby authorize and direct The City of Lake City to go onto my premises for the purpose of installing the gas service line from the gas main to my property and to make all necessary excavations and repairs on my premises for such purpose. I further understand and agree that The City of Lake City shall determine the location of any excavation and meter and that employees of The City of Lake City are granted access to my property for any reason deemed necessary to service said utility and utility account.

Electronic Check Re-Presentment Policy- In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy may be obtained by contacting your financial institution.

Applicant Signature: _____ Date: _____

Office Use Only: Deposit/Service:

Water: _____

Sewer: _____

Irrigation: _____

Gas: _____

Total Due: _____

Account ID: _____

Previous ID: _____

Date: _____

CSR Initials: _____

