

**THE CITY OF LAKE CITY
CUSTOMER SERVICE DEPARTMENT**

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

OWNER MAINTENANCE APPLICATION

Name: _____ Phone: _____

Service Address: _____

Drivers License Number: _____ Date of Birth: _____

Date you would like service to start: _____

Date services are scheduled to end: _____

The following IS REQUIRED:

Name of Owner: _____ Owner Phone: _____

Owner Address: _____

City Ordinance 2010-1199 Section 102-35 (a) 4 states; To turn on water service based upon a request from a consumer for the purpose of cleaning or real estate inspections, the fee shall be \$50.00 and shall be limited to no more than (5) five days, after which the base facility charge will be reactivated along with all other applicable charges.

Disclaimer:

This \$50.00 fee is NON REFUNDABLE.

Applicant Signature: _____ Date: _____

*******ALL PAYMENTS: Cash, Check, or Money Order Payable To CITY OF LAKE CITY*******

Office Use Only:

Non- Refundable Fees: \$ 50.00

Account ID: _____

Date: _____

CS Rep: _____