

# City of Lake City

## Customer Service

205 North Marion Avenue  
Lake City, Florida 32055-3918

Telephone (386) 752-2031 / Fax (386) 719-5837

## RESIDENTIAL SERVICE APPLICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

New Service Address: \_\_\_\_\_

Previous/Transfer Address: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_

Mailing Address (if different from Service Address): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Opt-Into E-Billing:  Yes  No

Do you wish to have your utilities automatically deducted from your bank account?  Yes  No

### If tenant, please complete the following:

Name of Homeowner: \_\_\_\_\_ Phone: \_\_\_\_\_

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 the City of Lake City 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."

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only: Deposit/Service:

Water: \_\_\_\_\_

Sewer: \_\_\_\_\_

Irrigation: \_\_\_\_\_

Gas: \_\_\_\_\_

Total Due: \_\_\_\_\_

Account ID: \_\_\_\_\_

Previous ID: \_\_\_\_\_

Date: \_\_\_\_\_

CSR Initials: \_\_\_\_\_

<b>Driver's License</b>	
<b>Social Security</b>	
<b>Date of Birth</b>	

### **SOCIAL SECURITY NUMBER COLLECTION POLICY**

You are being provided this written policy for one or more of the purposes below, per Section 119.071(5), Florida Statutes.

The City of Lake City Florida collects your Social Security Number for the following purposes:

- Identification and verification
- Data collection, reconciliation and tracking
- Benefit processing
- Tax reporting
- Vendor registration application
- Local business tax receipts
- Employee applications and volunteer contracts for background checks
- City injury reports
- Vehicle/property damage reports

Please initial that you have read and understand the above information \_\_\_\_\_