CITY OF MONTICELLO
APPLICATION FOR UTILITY SERVICE

DATE SERVICE TO BEGIN: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

_____

TELEPHONE #: Work_____ Home_____Cell _____

E-MAIL ADDRESS: _____

HAVE YOU USED CITY WATER/SEWER/GARBAGE SERVICES IN THE PAST? YES _____ NO _____
IF YES, UNDER WHAT NAME AND ADDRESS? _____

INFORMATION ABOUT SERVICE ADDRESS

____ Single-Family - Swimming Pool? ____ Yes ____ No /// Irrigation Meter ____ Yes ____ No
____ Apartment
____ Business/Industrial - How Many Employees? _____

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The following information is requested by the Federal Government to monitor the city's compliance with equal opportunity laws. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation.

Ethnicity: **____ Hispanic or Latino** **____ Not Hispanic or Latino**

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Race: **____ American Indian or Alaska Native** **____ Asian** **____ Black or African American**

____ Native Hawaiian/Other Pacific Islander **____ White**

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Sex: **____ Female** **____Male**

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Please read and acknowledge:

Monthly utility bills are mailed the last week of every month and are due by the 10th of the following month. A ten percent late charge is assessed after the 10th of each month. Accounts which carry a two-month balance are subject to disconnection on the 20th of the month and a disconnect fee of $20.00 will automatically be charged. Service will not be restored until all charges due are paid in full. We are not responsible for undelivered mail.

I HAVE READ THE FOREGOING.

_____
Applicant Signature

Contact City Hall with Arrangements for Payment of Deposit to be made by:
_____ Cash
_____ Check
_____ Credit Card

Submit Form to:
City Hall
245 S. Mulberry Street
Monticello, FL 32344
PHONE: 850/342-0291
FAX: 850/997-2217
E-MAIL: Jeri@mymonticello.net