

City of Monticello Utility Department
245 S. Mulberry St.
Monticello, FL 32344
Phone 850-342-0291/Fax 850-997-2217
eanderson@mymonticello.net

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? _____

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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

Race: ___ American Indian or ___ Asian ___ Black or African American
 Alaska Native
 ___ Native Hawaiian/Other Pacific Islander ___ White

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 ___