



UTILITY SERVICE APPLICATION

Today's Date: _____ Turn On Date: _____

Name: _____

Physical Address: _____

Marianna, Florida 3244(____)

Mailing Address: (if same please check here) _____

Home Ph: (____) _____ - _____ Cell Ph: (____) _____ - _____ SSN: _____ - _____ - _____

DL # Including State: _____

Email Address: _____

Would you like your bill: EMAILED MAILED BOTH

Check One: RESIDENTIAL COMMERCIAL CONSTRUCTION

Check One Owner Renter (*Name and phone of Owner/rental company below)

*


Would you like to add someone as an **AUTHORIZED PARTY** to your account? (able to make changes to account/close account)(must be 18+):

Name: _____ Relationship: _____

*I hereby make application to the City of Marianna for utility services. Upon approval of this application, I agree to abide by all ordinances, provisions and applicable rules of the City of Marianna in regards to 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. The City of Marianna collects your social security number for the following purposes: customer identification and verification, creditworthiness, and other lawful purposes necessary in the conduct of our public utilities business. The City of Marianna may also release your SSN to the Credit Bureau should your account become delinquent, necessitating the closure of your account.

***The City of Marianna reserves the right to require additional deposits if the customer's account appears on the cut-off list 3 or more times within a one year period as addressed in City Ordinance 1032.**

*You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.

I also acknowledge that I have read, understand, and will abide by the Yard Trash Pick Up Policy's procedures, codes, and instructions. _____  Initial here

*I/We have read this disclosure and agree that the City of Marianna may contact me/us as described above.

Sign: _____ Date: _____

TO BE COMPLETED BY CLERK'S OFFICE

Services available at address: WATER SEWER GAS GARBAGE (CURB / YARD)

Deposits:

Water Inside: Owner \$60	Renter \$125	Com \$TBD
Water Outside: Owner \$75	Renter \$125	
Gas Inside: Owner \$50	Renter \$125	Com \$ TBD
Gas Outside: Owner \$62.50	Renter \$125	
Cut On: Inside \$15	Outside \$18.75	
Garbage: Curb \$17.04	Yard \$4	

DEPOSIT BEING PAID:

Water:	\$ _____
Gas:	\$ _____
Cut on fee:	\$ _____
Garbage:	\$ _____
TOTAL:	\$ _____

ACCOUNT NUMBER _____ - _____ - _____