



CUSTOMER APPLICATION

150 E. 5th Street
Apopka, FL 32703

P.O. Box 1188
Apopka, FL 32704-1188

Phone: 407-703-1727
Fax: 407-703-1630

CUSTOMER NAME _____
(One person only please)

SERVICE ADDRESS _____

BILLING ADDRESS _____

NEW SERVICE START DATE: _____

FORMER CITY ADDRESS _____
(if applicable)

DISCONNECTION DATE _____
(if applicable)

CUSTOMER'S HOME PHONE # _____ ALTERNATE PHONE # _____

NAME OF EMPLOYER OR BUSINESS _____

BUSINESS ADDRESS _____

DRIVER'S LICENSE # _____ STATE _____ DATE OF BIRTH _____

IF RENTING, OWNER'S NAME _____

OWNER'S ADDRESS _____

I, the undersigned, understand and agree that I am responsible for all charges for the above service requested, and will continue to be responsible for same until such time as I request termination of service.

I understand a \$35.00 initiation of service fee is not refundable and will be charged on my first utility bill.

Any deposit paid will be held for a period of thirteen (13) months. A deposit may be refunded providing the account has not been delinquent within the thirteen (13) month period. If the customer has been refunded a deposit and becomes delinquent more than one month in a calendar year, the customer shall be required to pay a new utility deposit based on the applicable fee.

(DEPOSIT REFUNDS APPLY TO RESIDENTIAL CUSTOMERS ONLY)

I also understand the City of Apopka bills monthly and payment is due within twenty (20) days. If the bill is unpaid by the delinquent/due date, a ten percent late charge, based on the amount that is delinquent, shall be added to the amount owed the City on the following months billing.

Customer's Signature _____ Date _____

*****DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY*****

Deposit card # _____ Work order # _____ Rcvd by _____ Acct# _____

**APPLICANT'S AGREEMENT TO INSPECT
AND HOLD HARMLESS**

In consideration of the request for the initiation of service provided by the CITY OF APOPKA, the undersigned applicant and CITY OF APOPKA agree upon the following terms:

1. Prior to the initiation of services, the applicant agrees to fully inspect the premises at the above location to determine that all taps and faucets are closed and that the service lines are not broken, punctured, or otherwise obstructed.
2. The applicant understands that the CITY OF APOPKA is relying upon the applicant to conduct this inspection prior to the initiation of service and it is agreed that the applicant will indemnify and hold harmless the CITY OF APOPKA and its agents from any damages that may result from defects of the nature described above and also from any other damages which are the result of the applicants own negligence.
3. It is further agreed that any investigation or inspection that may be conducted by the agents of the CITY OF APOPKA at the time of initiation of service, will not amount to an undertaking of any responsibility or liability and such inspection will not be considered a waiver of the city's reliance upon the applicant's agreement to fully inspect the premises and to indemnify and hold harmless the city from any damages that may be subject to the above conditions.
4. For customers who have irrigation systems, the CITY OF APOPKA is not responsible for any irrigation timers, controllers, piping or other components relating to irrigation. It is the customer's responsibility to ensure the irrigation is in proper working condition and complies with the watering restrictions as established by St. John's River Water Management District.

SIGNATURE _____ DATE _____

CUSTOMER'S PRINTED NAME _____

CITY OF APOPKA REPRESENTATIVE _____

