

# City of Maitland

1776 Independence Lane  
Maitland, Florida 32751  
(407) 539-6200 www.itsmymaitland.com

## 2013-2014 RESIDENTIAL UTILITY REQUEST FORM (Please Print or Type)

Customer Name: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from service address)

\*E-mail Address: \_\_\_\_\_

**\*\*Public Records and E-Mail** - Please be advised that under Florida law, e-mail addresses are public records and are not exempt from public-records requirements.

Do you Own or Rent the above Service Address? \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Agent/Property Manager  
If renting, you must provide the name and phone number of the property owner(s) and a copy of your (current) signed lease agreement.

If you own, you must provide a copy of your **signed** closing papers, HUD Statement or current Orange County Property Tax Statement with your name listed.

Due to Identity Theft Prevention Laws, everyone **MUST** apply in person and show proof of identity: a valid Driver's License or State ID Card **MUST** be presented at time of application.

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date to Start Service: \_\_\_\_\_ (must be Monday through Friday)

### Mandatory Deposits/Fees needed to begin Utility Service (All Deposits/Fees MUST be paid prior to turn-on)

#### Deposits (Refundable after two years of excellent payment history)

Water	\$20.00	_____
Sewer	\$20.00	_____
Solid Waste	\$15.00	_____

#### Fees (Non-refundable)

Cart Activation	\$60.00	_____
Solid Waste	\$22.41	_____

TOTAL DUE \$ \_\_\_\_\_

**Ask us about paying your monthly bill on the Web or with Direct Pay!**

I understand and agree that I am responsible for all charges associated with the above requested Utility Service. I will continue to be responsible until such time as I submit in writing, a request to terminate service. I also understand that if I choose not to pay my Utility Bill, service could be discontinued and deposits could be **doubled** before service is restored.

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

*Due to privacy laws, applicants **MUST** apply in person and show identification for themselves or their company.*

Office Use Only: Deposit Amount \_\_\_\_\_ Customer # \_\_\_\_\_ Account # \_\_\_\_\_