



HORSESHOE BEACH UTILITIES DEPARTMENT
18 5TH Avenue East
P.O. Box 86 Horseshoe Beach, Florida 32648
horseshoebeachto@bellsouth.net

Phone: 352-498-5234

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THE FOLLOWING INFORMATION IS BEING REQUESTED FOR THE PURPOSE
OF OPENING AN ACCOUNT TO PROVIDE AND BILL FOR UTILITY SERVICES.

TYPE OF SERVICE: House Mobile Home R.V. Condo Business Boat House only Dock only

CONNECTION FEE: \$ _____ DATE: _____

SERVICE ADDRESS: _____

APPLICANT NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DRIVER'S LICENSE NUMBER: _____

EMERGENCY CONTACT NAME, ADDRESS AND PHONE NUMBER:

CLOSEST LIVING RELATIVE: _____

HAVE YOU EVER HAD HORSESHOE BEACH UTILITY SERVICES BEFORE? YES NO

SPOUSE: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

"I HEREBY UNDERSTAND AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE HORSESHOE BEACH UTILITY DEPARTMENT AS SET FORTH CURRENTLY AND AS THEY ARE AMENDED IN THE FUTURE AND TO PAY ALL AMOUNTS PROPERLY CHARGED TO MY ACCOUNT IN CONNECTION WITH THE PROVIDING OF WATER UTILITIES TO ME BY THE HORSESHOE BEACH UTILITY DEPARTMENT"

THE TOWN OF HORSESHOE BEACH WILL NOT BE RESPONSIBLE FOR DAMAGES RESULTING FROM OPEN OR LEAKING FIXTURES WHEN UTILITY SERVICE IS TURNED ON.

ON THE I UNDERSTAND, AS OWNER, I AM RESPONSIBLE FOR ANY BALANCE ACCOUNT AND AM SUBJECT TO DISCONNECTION OF SERVICES AND A LIEN ON THE PROPERTY IF UNPAID.

IF YOU HAVE PURCHASED A HOME, WE MUST HAVE A COPY OF YOUR DRIVER'S LICENSE AND COPY OF WARANTEE DEED. WE MUST HAVE ALL DOCUMENTS BEFORE WATER SERVICES CAN BE CHANGED TO YOUR NAME.

SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: (IF JOINT APPLICATION) _____

WITNESS THERFORE, we have hereunto executed this agreement this _____ day of _____ 20 _____