

City of Fellsmere – Utilities
Application for Service

Date ___/___/___

Account No. 00 Book ___ Customer Name _____

Site Address _____

Mailing Address _____

Home Phone No. _____ Work Phone No. _____

Applicant's SS# _____

DL# _____ Issuing State _____

Property Owner Name & Address _____

Rate Class _____ Water _____ Sewer _____ Block/Lot ___/___

Utility Tax _____ ERC _____ Units _____ Active Date ___/___/___

Turn on Date ___/___/___ Turn on Read _____ Turn on Charge _____

Meter No. _____ Size _____ Type _____ Set Date ___/___/___

Location _____ Multi Meters? _____

Deposit Date ___/___/___ Receipt No. _____ Amount _____ Deposit Refund Date ___/___/___

Water

Waste Water

Connection Fee _____

Capacity Charge _____
(\$231.00 Per ERU)

Deposit _____

Line Extension _____

Impact Fee _____

Meter Fee _____

Tap _____

Line Extension _____

Deposit _____

Customer Signature _____

Order taken by _____