



OKALOOSA COUNTY WATER & SEWER

Application for New Service

<i>Official Use</i>
Account #: _____
Entered by: _____

We appreciate your business and pledge to do our best to deliver exceptional customer service and satisfaction.

New service or a transfer of service can be started at an OCWS office, by fax or e-mail. This form needs to be filled out (please print clearly) and signed at the bottom to acknowledge an understanding of the information listed below and your obligation to comply with provisions of the County Code governing utility service. **A copy of your valid government issued photo ID, and a copy of your lease agreement (if renting), must be provided with this application prior to establishing new service.** A minimum \$50 Deposit and a \$30 non-refundable Service Fee will be assessed. The deposit may vary depending on your meter size or other circumstances.

I hereby accept responsibility for the interior plumbing being in proper working order and turned off when requesting new service or reconnection of water service. I expressly assume responsibility and all liability for any damage to the premises and to any damage that may occur to the property of others. I agree to indemnify and hold harmless the County and its representatives for any resulting damage to the premises and the real and personal property of others due to the aforementioned turning on of service at the water meter.

(Initial)

It is recommended that someone be at the property when the water is turned on. Open faucets and/or damaged fixtures, water pipes, drains and other factors can cause water damage to the premises once service is turned on. Each additional trip to the property will result in additional fees.

I hereby acknowledge and understand that theft of utility service, including but not limited to unauthorized use of water after disconnection of service for non-payment, may result in an unauthorized use fine in the amount of \$500. This fine, in addition to a service charge, water and sewer charges for the estimated amount of water consumed, and any associated charges for repair and replacement of any equipment damaged, including but not limited to padlocks, during the course of the theft of service, will be assessed.

(Initial)

OCWS collects your Social Security Number for one of the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking and as a unique numeric identifier for search purposes (§119.071(5) Florida Statutes). Social Security Numbers are considered confidential and exempt from public records, except as required by law (§119.071(5)(a)(6) Florida Statutes).

For same-day service, all completed required documents must be submitted prior to 3 p.m.

Opt. Out of Electronic Billing

If your bill is returned as undeliverable, the account will automatically be updated to receive an electronic bill.

Requested Date to Start Service: _____

Customer's Name: _____

Service Address: _____ City: _____ Zip Code: _____

Mailing Address: (If different than above) _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone #: _____

Driver's License # & State: _____ Email Address: _____

Social Security Number/Tax ID: _____ Date of Birth: _____

Own or Rent: _____ **A copy of your lease is required if renting.**

Landlord's Name: _____ Landlord's Phone: #: _____

Spouse or Roommate Information

Name: _____ Contact Number: _____

Driver's License # & State: _____

Social Security Number: _____ Date of Birth: _____

Transfer of Service From

Current Service Address: _____

Requested Date to Stop Service: _____

Signature: _____

Date: _____