

FLAGLER COUNTY UTILITIES
P.O. Box 785
BUNNELL, FL 32110
Phone: (386) 313-4192
Fax: (386) 313-4120



APPLICATION FOR SERVICE

Photo ID

(Mr/Mrs/Ms) [Business] Name _____

Spouse's Name _____

Physical Address _____

Billing/Mailing Address _____

City _____ State _____ Zip _____

Phone No. (local) (____) _____ Phone No. (other) (____) _____

Driver's License # _____

I hereby request water and/or sewer service be provided to the address listed above. Service will be turned on after the deposit is paid.

I confirm that the customer name, service address and mailing address in this application are correct. I understand that I am responsible for payment of the utility service at this location until I notify the County to discontinue service, the account is closed and the bill has been paid in full. Bills for the utility services are distributed on a monthly basis and failure to pay for services by the due date will result in the addition of a delinquent charge. Bills not paid by the 30th day of the month will result in disconnection of services and the addition of a service charge. I understand that the entire amount on my account, including delinquent charges, must be paid in full in order to restore service. Tampering with the meter will result in penalties determined by law.

I grant permission for Flagler County Utilities employees to enter the property at reasonable times for meter reading and/or any service that may be required on the lines or meter. I have read the statements above and agree to abide by the county policies with respect to utility services.

Signed: _____

Customer Account # _____	Date _____
Meter # _____	Meter Reading _____
Date Received _____	Date Entered _____
Check # _____	Amount _____