

CITY OF TARPON SPRINGS - UTILITY SECURITY DEPOSITS

CUSTOMER NAME AND ADDRESS	AMOUNT OF DEPOSIT	DATE
		SERVICE START DATE
MAILING ADDRESS OF CUSTOMER (IF DIFFERENT FROM SERVICE LOCATION)	DRIVER'S LICENSE NO.	DATE OF BIRTH
	HOME PHONE	FEI / SSN
	ACCOUNT NUMBER	
PREVIOUS ADDRESS		
NAME AND ADDRESS OF PERSON OR CORPORATE OFFICE (NOT LIVING WITH YOU) - FOR EMERGENCY NOTIFICATION		PHONE NO.
EMPLOYER (NAME AND ADDRESS)		PHONE NO.
LAND LORD (NAME AND ADDRESS)		PHONE NO.
<p>I agree to be bound by the previous of Articles I and II of Ch. 20, of the Code of Ordinances of the City of Tarpon Springs with respect to the responsibility for payment of this account. Information sheet received. I represent that I am the fee simple owner or lessee of the property or the duly authorized agent of such owner or lessee and have the lawful authority to contract for the opening of this account. I personally guarantee all charges on this account until service is terminated at my request, including 10% interest on delinquent accounts, and cost of collection, including collection agency fee and reasonable attorney's fees. Customer Type _____</p>		
_____	_____	_____
AUTHORIZED SIGNATURE	COMPANY NAME	CUSTOMER SIGNATURE

1. Complete EACH line of the security card above.
2. Have your signature notarized or provide a legible copy of valid Drivers License.
3. Send Proof of Ownership (A copy of Closing Statement, Purchase Agreement or Lease Agreement)
(Companies must provide a letter of authorization for signor on account)
4. Indicate the date to start service.
5. Return the security card with a check for the deposit amount with
an additional \$35.00 administrative fee to:

Attention: Utility Billing Division
PO Box 5004
Tarpon Springs FL 34688-5004

6. Total amount due _____
(Make checks payable to: City Of Tarpon Springs)

If sending by Federal Express mail to:

City Of Tarpon Springs
Attention: Utility Billing Division
412 N Ring Ave
Tarpon Springs FL 34689