

CITY OF NORTH MIAMI

DATE/TIME REC'D: _____ OLD ACCT.: _____

WATER ON OR OFF: _____ NEW ACCT. NO.: _____

APPLICATION FOR UTILITY SERVICE(S)

NAME: _____

SERVICE ADDRESS: _____

SOCIAL SECURITY #: _____ TEL. NO: _____

MAILING ADDRESS: _____

(If different from service address)

DRIVER'S LICENSE NO.: _____ NUMBER OF BATHS: _____

DATE SERVICE IS TO BEGIN: _____ OCCUPATIONAL LICENSE #: _____

CHECK ONE: I am (1) Renting the building. TYPE OF BUSINESS: _____

(2) The owner of the building. E-MAIL: _____

NOTE: If box (1) is checked, please provide the following information:

Name of Owner: _____

Mailing Address
Of Owner: _____

Telephone: _____

* I am aware that an additional deposit will be required if my water is turned off for nonpayment or a returned check _____.

* I am aware that it is the policy of the City Council not to consider or grant any after-the-fact variance of the City of North Miami building and zoning requirements for any construction or installation work which is done without a City of North Miami Building Permit in violation of such requirements, unless the unlawful construction or installation is first removed at the owner's expense.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS ESTABLISHED BY THE CITY ORDINANCES AND OFFICE POLICIES OF THE NORTH MIAMI WATER DEPARTMENT AS ESTABLISHED AND/OR AMENDED. I HAVE BEEN INFORMED OF ANY OUTSTANDING BALANCES DUE.

Signature

FOR FINANCE USE ONLY

CITY FOLIO NO./LIENS: _____ DEPOSIT REQUIRED: _____

PREVIOUS BAL.: _____ + **FINAL BILL** SERVICE CHARGES PD: _____

TAKEN BY: _____ TURN ON DATE: _____

FINAL SERVICE ORDER #: _____ T/ON SERVICE ORDER #: _____