



CITY OF ATLANTIC BEACH

800 Seminole Road
Atlantic Beach Fl 32233-5445
Phone# 904-247-5816
Fax 904-247-5877
Email: customerservice@coab.us
Web: www.coab.us

APPLICATION FOR UTILITY SERVICE

Last Name _____ First Name _____ MI _____

Service Address: _____

Mailing Address: _____
If different from Service Address

Service Start Date: _____ (Monday – Friday only)

Home/Cell Phone # _____

Drivers License: _____ State: _____

Last four digits
of your Social
Security # _____ Date of Birth: _____

*The City collects your social security number for the following purposes: clarification of accounts; customer identification and verification for customer billing and payment, collections, submissions of unclaimed property to the State and other lawful purposes necessary to conduct City business. This information will not be used for any other purpose. (Section 119.071 (5) FL Statues) **Disclosure of this information is optional.***

E-Mail Address: _____

Employer: _____ Work phone# _____

Names of Other Adults in Household: _____

Own ___ Rent ___ If renting, Landlord’s Name: _____ Phone # _____

*THE CITY OF ATLANTIC BEACH IS NOT LIABLE FOR ANY DAMAGE CAUSED BY LEAKS OR FAUCETS LEFT ON WHEN WATER SERVICES ARE CONNECTED. PLEASE **CHECK** YOUR PROPERTY TO INSURE THAT ALL FAUCETS ARE TURNED OFF PRIOR TO WATER SERVICES BEING CONNECTED.*

I HEREBY MAKE APPLICATION TO THE CITY OF ATLANTIC BEACH FLORIDA FOR UTILITY SERVICE TO BE SUPPLIED TO THE SERVICE ADDRESS ABOVE AND AGREE TO ADIDE BY ALL ORDINANCES, RESOLUTIONS, RULES AND PROVISIONS OF THE CITY IN REGARDS TO ITS SERVICE OF THE UTILITY SYSTEM AND AGREE TO PAY FOR SUCH SERVICES IN ACCORDANCE WITH RATES AND REGULATIONS IN EFFECT AT THE TIME OF DELIVERY OF SERVICES. I WILL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF THE UTILITY BILLS RENDERED UNDER THIS ACCOUNT.

DATE _____ Customer Signature _____

*If mailing or using fax, please attach a legible photocopy of State Identification or Driver License. Applications are considered public documents according to Florida Statutes and are subject to public inspection. Also **enclose a check or money order in the amount shown below. If paying by Visa or Master Card please call back after faxing application with Visa or Master Card.***

Office use only below this line

Customer # _____ Location _____

Deposit	\$125.00	Reviewed by _____
Service Charge	\$ 20.00	Reviewed by _____
Total	\$145.00	