

# City of Maitland

1776 Independence Lane  
Maitland, Florida 32751  
(407) 539-6200 www.itsmymaitland.com

## RESIDENTIAL UTILITY REQUEST FORM (Please Print or Type)

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from service address)

\*\*E-mail Address: \_\_\_\_\_

### \*\*Public Records and E-Mail

Please be advised that under Florida law, e-mail addresses are public records and are not exempt from public-records requirements.

Do you Own or Rent the above Service Address? \_\_\_\_ Own \_\_\_\_ Rent

If renting, you must provide the name and phone number of the property owner(s) and a copy of your (current) signed lease agreement.

If you own, you must provide a copy of your closing papers, HUD Statement or current Orange County Property Tax Statement with your name listed.

Due to Identity Theft Prevention Laws, everyone **MUST** apply in person and show proof of identity: a valid Driver's License or State ID Card must be presented at time of application.

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date to Start Service: \_\_\_\_\_ (must be Monday through Friday)

### Mandatory Deposits/Fees needed to begin Utility Service (All Deposits/Fees MUST be paid prior to turn-on)

#### Deposits (Refundable after two years of excellent payment history)

Water	\$20.00	_____
Sewer	\$20.00	_____
Solid Waste	\$15.00	_____

#### Fees (Non-refundable)

Cart Maintenance	\$35.00	_____
Solid Waste	\$21.55	_____
Stormwater		_____

TOTAL DUE \$ \_\_\_\_\_

*Ask us about paying your monthly bill on the Web or with Direct Pay!*

I understand and agree that I am responsible for all charges associated with the above requested Utility Service. I will continue to be responsible until such time as I submit in writing, a request to terminate service. I also understand that if I choose not to pay my Utility Bill, service could be discontinued and deposits could be doubled before service is restored.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Deposit Amount \_\_\_\_\_ Customer # \_\_\_\_\_ Account # \_\_\_\_\_