

**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)

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

If renting, you must provide name and phone number of property owner:

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 ~ 1<sup>st</sup> months service \$19.62 \_\_\_\_\_

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

**Pay your monthly bill on the Web with a credit card or with Direct Pay.**  
Call 539-6200 for details.

I understand and agree that I am responsible for all charges associated with the above requested services, and will continue to be responsible until such time as I request in writing to terminate the services.

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

Office Use Only: Deposit Amount _____ Customer # _____ Account # _____
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**Fax Request to: 407-539-6282**  
**Call 407-539-6200 for Credit Card Payments**