

City of Florence

Utility Service Application

Copy of **VALID IDENTIFICATION**, Copy of your **LEASE AGREEMENT or OWNERSHIP**, and a **DEPOSIT of \$250.00** is **REQUIRED**. Please fill out all information.....**PLEASE PRINT**.

APPLICANT'S NAME: _____

***CO-APPLICANT'S NAME:** _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

APPLICANT'S INFORMATION

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMPLOYER: _____

WORK PHONE NUMBER: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

*CO-APPLICANT'S INFORMATION

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMPLOYER: _____

WORK PHONE NUMBER: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

OTHER OCCUPANTS (other than Applicant & Co-Applicant)

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

(Please use a separate sheet if you need to add more Occupants.)

I (We) understand the agreement as presented to me (us).

I (We) hereby release the City of Florence from any responsibility due to water damage or broken lines as a result of the water being turned on.

(Applicant Signature / Date)

(Co-Applicant Signature / Date)

***Co-Applicant will not be added to the account until their signature is obtained on this form**
_____. (initial)

All water bills are **due** on the **20th of each month (by 5:00 p.m.)**. We double-check every month to make sure we send every customer a water bill. We understand that sometimes you do not receive a bill; however, **if you do not receive your water bill by the first week of the month, please contact us**. If you fail to pay your water bill by the 20th of the month **(by 5:00 p.m.)**, whatever the reason, you will be charged a **\$10.00 late fee**. If the bill is 10 days past the 20th of the month, you will be **disconnected** and you will be charged a **\$40.00 reconnect fee**. If you have a problem with your water bill please contact us by the 10th of the month so that we have time to resolve the issue. If you wait until the bill is due, you will be required to pay the bill in full. If your bill is incorrect, you will receive a credit on the next month bill.

If the 20th falls on a holiday or weekend, your bill will be due on the following workday.

Ways to pay your bill:

**Drop box to the left of the City Hall door,
At Union State Bank,
Bank drafts,
OR
Monday-Friday 8a.m.-5p.m. at City Hall**

We accept most **credit cards** with a **3%** fee added.
We accept most **debit cards** with a **\$0.65** fee added.
(Debit cards cannot be used when paying by phone.)

ONLINE at www.florencetexpmts.com

Misc. Charges for Water Dept.

Re-Read Meters: If a meter is re-read, by customer request, and the previous reading is determined to be correct, a **\$15.00** service charge shall be applied. If the previous reading is incorrect the bill will be adjusted and the \$15.00 charge will **not** be applied.

Non-Payment Fee: If your water account is on our turn off list or if it has been turned off for non-payment of your bill, you will be charged a **\$40.00** reconnect fee.

After Hours Service Calls: There will be a **\$25.00** charge per call after the hours of **5:00p.m. on Monday-Friday, on all Saturdays and Sundays, and Holidays.**

Calibrate Meters: If a customer requests the meter to be calibrated with accurate results, the customer will be charged a **\$25.00** fee.

Personal Repairs: A fee of **\$15.00** will be added to turn off your meter for personal repairs.

Sewer Back-up: A **\$40.00** fee will be added if sewer backup is determined to be on customer's side.

Returned Checks: A **\$25.00 NSF** charge will be added to your account.

City of Florence

Customer Request for Confidentiality (Solicitud de Confidencialidad del Cliente)

I hereby request that the City of Florence **NOT** disclose personal information in my utility account records. I understand this confidentiality does not prohibit disclosure of such information to the following:

(Por la presente, solicito que la Ciudad de Florence NO revele información personal en los registros de mi cuenta de servicios públicos. Entiendo que esta confidencialidad no prohíbe la divulgación de dicha información a lo siguiente:)

1. An official or employee of the State or a political subdivision of the State, or the Federal government acting in an official capacity;
(Un funcionario o empleado del Estado o una subdivisión política del Estado, o el gobierno federal que actúe en calidad de funcionario;)
2. An employee of the City acting in connection with the employee's duties;
(Un empleado de la Ciudad que actúa en relación con las funciones del empleado;)
3. A consumer reporting agency;
(Una agencia de informes al consumidor;)
4. A contractor or sub-contractor approved by and providing services to the City or to the State, a political subdivision of the State, the Federal government, or an agency of the State or Federal government;
(Un contratista o subcontratista aprobado y prestando servicios a la Ciudad o al Estado, una subdivisión política del Estado, el gobierno federal o una agencia del gobierno estatal o federal;)
5. A person for whom the customer has contractually waived confidentiality for personal information;
(Una persona para quien el cliente ha renunciado contractualmente a la confidencialidad de la información personal;)
6. Another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation.
(Otra entidad que proporciona servicio de agua, aguas residuales, alcantarillado, gas, basura, electricidad o drenaje para compensación.)

Signature (**Firma**)

Date (**Fecha**)

City of Florence

Senior Citizen Request for Extension of Utility Payments (Solicitud de la Tercera Edad de Extensión de Pagos de Servicios Públicos)

I hereby request that the City of Florence delay without penalty the payment date of my City utility bill. The extension is for twenty-five days from the date the bill was issued. I certify that I am sixty years of age or older and that the account for which the extension is requested is my personal residence

(Por la presente solicito que la Ciudad de Florence demore sin penalización la fecha de pago de mi factura de servicios públicos de la Ciudad. La extensión es de veinticinco días a partir de la fecha de emisión de la factura. Certifico que tengo sesenta años de edad o más y que la cuenta para la cual se solicita la extensión es mi residencia personal.)

Signature (Firma)

Date (Fecha)

ATTACH A COPY OF PROOF OF AGE
(ADJUNTE UNA COPIA DE PRUEBA DE EDAD)

Acceptable forms for proof of age are a driver's license, Texas ID card, or birth certificate.
(Las formas aceptables para la prueba de edad son una licencia de conducir, una tarjeta de identificación de Texas o un certificado de nacimiento.)

This block is for City use only.
(Este bloque es para uso exclusivo de la Ciudad.)

Account#: _____
(Número de cuenta)

Type of Age Proof: _____
(Tipo de prueba de edad)
(Attach copy of this form.)
(Adjunte copia de este formulario.)

Processed by: _____
(Procesado por)