



UTILITIES DIVISION

120 Malabar Road, SE Palm Bay, FL 32907 • Phone: (321) 952-3420 • Fax: (321) 727-0693
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**RESIDENTIAL SERVICE REQUEST
WATER • SEWER • SOLID WASTE APPLICATION**

FOR SCAN:

Account # _____ Term Account # _____

Doc Type: _____ Date _____ CSR Initials: _____

Parcel ID: _____ Tax Account #: _____

SELECT ONE:

Owner Tenant Realtor / Property Manager

REQUIRED DOCUMENTS:

State ID Lease / Proof of Ownership or Letter of Assignment

Deposit (Deposit \$ Amount) _____

Instructions: Please print clearly and complete all sections of the form that apply to you. Submit completed application, documentation, and required deposit in person or mail to the above address. Please contact the office to pay the deposit if submission is via fax or online. **Select one of the following and complete the sections indicated:**

SERVICE INFORMATION:

Activate Service (fill out sections 1, 2, 3, and 5)

Terminate Service (fill out sections 1 and 5)

Temporary Turn On Service (fill out sections 1, 4, and 5)

Long Term Service Shut Off (fill out sections 1 and 5) (i.e., seasonal, vacation)

Suspend Solid Waste Service (fill out sections 1, 4, and 5)

Request Additional Carts (fill out sections 1, 3, and 5)

Transfer Services (fill out sections 1, 2, 3, and 5)

Address Transferring From: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Shut Off Date: _____

SECTION ONE:

Name(s) on Account: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Billing / Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Emergency Contact: _____

Emergency Phone Number: _____ Primary Contact Number: _____

Secondary Contact Number: _____ Work Contact Number / Extension: _____

Email Address: _____

Driver License Number: _____

Social Security Number: _____

NOTE: Last 4 digits required. The City of Palm Bay collects your social security or tax ID number for the following purposes: identification, verification, credit check and tax reporting.

Date Request Needed: _____

SECTION TWO:

Would you like to enroll in our Automatic Bank Draft Payment Option? Yes No

NOTE: Auto draft is available to all customers. Monthly water customers receive an \$18 annual credit after 12 months of uninterrupted bank drafting. Please attach a voided check if you wish to enroll.

READ AND INITIAL: "I have given authority to the City of Palm Bay, providing services to the account(s) listed, to draw drafts against my bank account for payment of my utility bills. I authorize such drafts to be drawn and presented for payment until authority is revoked. **I understand that payments will be drafted ten (10) days after the date of my bill.** Should I close my utility account I understand that my final bill will be drafted. I also understand that if I change billing institutions, it is my responsibility to provide new account information to the City of Palm Bay. Failure to do so, may result in missed payments and/or return fees."

Initial: _____

Would you like to "go green" and receive notification of your bill via email? Yes No

NOTE: Please verify that you have entered your email address above.

Would you like to complete a Credit Screening for a \$5 charge? Yes No

NOTE: A credit screening may result in a discounted or waived deposit. Customers must provide their full Social Security number to perform a Credit Screening.

SECTION THREE:

Have you ever had utility service with the City of Palm Bay? Yes No
Indicating the size trash cart you are requesting. 95 Gals 64 Gals 35 Gals
Do you need additional trash carts? Yes No

If yes, please indicate how many Trash Carts do you require: _____

FEE: *If Yes there is an additional charge of \$9.79 per cart per month. This charge will be reflected on your monthly utility bill.*

SECTION FOUR:

Temporary Turn-On Service Request From: _____ To: _____

NOTE: *Temporary Turn-On requests are only allowed for 30 days per twelve month period.*

Suspension of Solid Waste From: _____ To: _____

NOTE: *Solid waste is limited up to a six consecutive month suspension per twelve month period.*

SECTION FIVE:

Please read the disclosures below carefully and initial the box beside each statement to indicate you have read and understand the information fully. If you have questions, please ask a customer service representative.

Important Disclosures. *Read and initial each box below.*

A lien will be placed on the property if an account in the owner's name remains unpaid.

Terminated accounts that continue to go unpaid are reported to a collection agency.

Customers requesting that service be interrupted will pay the monthly base facility charge during the period of interruption.

Deposits shall be held in a non-interest bearing account and will be credited to the account after thirty-six (36) months of satisfactory payment history or applied to the final statement, whichever comes first. All credits will be refunded once it is determined there are no other outstanding utility debts due the City.

Any damages that may occur with evidence of tampering could result in fees in excess of \$350.00

Deposits/bill payments that are returned unpaid will result in immediate service interruption without further notice.

The Customer is responsible for maintaining City property (i.e., meter boxes, meter, backflow prevention assemblies, and trash / recycle carts). The customer will be responsible for the cost to repair or replace these items if lost or damaged. (*Code of Ordinances §200.03G and §150.50D*)

RIGHT TO RESCIND. FOR INITIAL CONNECTIONS ONLY (*Private well to City water*):

Owners may terminate this application by delivering written notice of termination to the City no later than five (5) calendar days after execution of this application to have applicable fees refunded (i.e., main line extension fee(s), capital charge(s), and meter installation fee).

FEE: There is an administrative fee per visit for customer requested services.

Please be advised that all information provided in this application becomes a matter of Public Record, and the City is required to make the information available upon request, with the exception of information designated by law as 'exempt' or 'confidential'.

Customer Signature _____ Date: _____

OFFICE USE ONLY:

Lot: _____ **Block:** _____ **Subdivision:** _____

Guaranteed Revenue: YES NO **Meter Size:** 1" 3/4"

Cycle: _____ **Route:** _____

Deposits: Water \$ _____ Sewer: \$ _____ Solid Waste: \$ _____

NON-REFUNDABLE FEES:

Transfer Fee \$ _____ Water Impact \$ _____

Reclaim Impact \$ _____ After Hours \$ _____

Meter Install \$ _____ Sewer Impact \$ _____

Sewer line Ext \$ _____ Water Line Ext \$ _____

Admin Fee \$ _____ Distribution Pipe \$ _____

Reclaim Line Ext \$ _____ Other Fee \$ _____

Verified By: HUD BCPA / CC

CPA: Yes No

Total Due: _____

CPA Amount: _____

Account Number: _____