



CITY OF TITUSVILLE SERVICE APPLICATION

555 S. WASHINGTON AVENUE
TITUSVILLE, FL 32796
PHONE NO. (321) 383-5791
FAX NO. (321) 383-5848
www.titusville.com
Monday Through Friday 8:00 am to 5:00 pm

**** FOR OFFICE USE ONLY ****

Cycle _____ / Route _____

Account Number

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Service Address:

Home Number: _____ Cell Phone Number: _____ Emergency Number: _____

Driver's License Number: _____ Date of Birth: _____ Expiration Date: _____

**** PLEASE ATTACH COPY ****

Mailing Address (If different from Service Address):

City: _____ State: _____ Zip Code: _____

Employer: _____ Work Number: _____ Last 4 of Social Security #: _____

Email Address:

For E-Bill Notification: () E-Bill Only () E-Bill & Printed Bill

CO- APPLICANT INFORMATION

The CO-Applicant information will not be listed on the account but will be listed in the notes as the 2nd name on the property.

Last Name: _____ First Name: _____ Middle Name: _____

Driver's License Number: _____ Date of Birth: _____ Expiration Date: _____

Contact Number: _____ Work Number: _____ Last 4 of Social Security #: _____

Email Address:

RESIDENTIAL

Please Indicate if you are: () Owner () Tenant

Additional Occupants: 1. _____

2. _____

Lease Date: _____ Purchase Date: _____

Service Initiation Date:



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COMMERCIAL

Please Indicate if you are: () Owner () Tenant

Business Name: _____ Phone: _____

Service Initiation Date: _____

FEI# _____ Sales Tax ID #: _____

PROPERTY MANAGEMENT

Company Name: _____ Contact Number: _____

Date of Inspection: _____

**** Please allow three business days for processing of application ****

Service Initiation Date: _____ Service Stop Date: _____

Please note: Inspections are for **five (5) Business Days** only for \$15.00. If the service needs to be on longer than the three days, a full deposit will be required. The deposit is based on the services that are available to the property.
**** A termination of service form must be signed by the applicant if the service is no longer needed. ****

NEW CONSTRUCTION

Please Indicate if you are: () Owner () Contractor

Company Name: _____

Contact Name: _____ Contact Number: _____

Please Note: In order for the meter to be installed, the permit board must be visible for our field technicians; if it is not then the meter will not be installed.

Special Note: I understand that if the above service address is a construction site, that the City of Titusville will not be responsible for any damage, loss or theft of any portion of the water service including the water meter. All repairs and/or replacements are the responsibility of the applicant and must be completed prior to the certificate of occupancy.

** FOR OFFICE USE ONLY **

Account Number: _____ Work Order Number: _____

Meter Size: () 3/4" () 1" () 1 1/2"
() 2" () 3" Initials: _____

Administrative Fee: () \$15.00 () \$30.00	Water Deposit: () \$20.00 () \$40.00 () \$60.00	Sewer Deposit: () \$30.00 () \$60.00 () \$90.00
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Refuse Deposit: () 14.00 () \$34.00 () 48.00	Irrigation Deposit () \$20.00 () \$40.00 () \$60.00	Total Deposit Amount Due:
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Dumpster Deposit:	Dumpster Size:	Cart Verification: Recycle: () Yes () No Refuse: () Yes () No
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Account Number

Past Due Account Number:	Past Due Amount:	Total Amount Due:
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CUSTOMER INFORMATION:

Please read and sign below:

I, the undersigned, understand that I am responsible for all charges for above services requested, and will continue to be responsible for same until such time as I request written termination of service.

I understand that non-payment will result in termination of utility services.

I understand that when transferring my service to another location in the city limits, I must pay all outstanding charges and a new deposit if applicable.

I also understand that any deposit paid will be applied to the account on the final bill and any resulting credit will be refunded in 4-6 weeks from the date of termination.

I am also responsible for making sure that all faucets are turned off before the service can be established. The city is not liable for damages caused by water faucets or outlets turned on. I also understand that if I do not plan to be present at the time that the water service is connected and a tag is hung that I will need to make arrangements to be present when a field technician schedules a service visit. If a third trip is made, then a \$15.00 service charge will be applied to the account.

You are signing below that you have received a copy of the City of Titusville Utility Ordinance and you have also read and understood the information above.

Print Name of Responsible Party:	Date:
Signature of Responsible Party:	Time:

**** FOR OFFICE USE ONLY ****

OFFICE STAFF CHECLIST

() Brevard County Property Appraiser

- Verification of Owner of Property
- Verify Use Code

() Lease Agreements/ Closing Statement and/or Warranty Deed

- Verify that ALL applicants have signed the documents provided
- Verify Service Address is correct
- Verify Previous Owner Debt is included on closing statement to be paid

() Application for Service

- Verify Application is filled out and completed
- Copy of Driver's license is attached

() Work Orders

- Verify correct work orders have been issued (turn on, turn off, initial/final read, new cart)
- Dummy Meter- issued meter reset work order

() Customer Account

- Miscellaneous Notes (if needed)
- Administrative Fee/ Deposit's Paid
- Update Owner information (Mailing Address)
- Verify Customer Type