



Dear Prospective Customer:

To apply for service with the City of Ocala Utility Services, you may visit our Customer Service Office, fax, email, or mail the attached service application. Service applications received by fax, email, or mail must be notarized. Our office is located at 201 SE 3rd St, Ocala, FL 34471; office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except Holidays. Our fax number is (352) 629-1381, email is OUS@ocalafl.org.

Please make sure the following information is on the application or attached to the application when submitted:

- Complete physical address
- Proof of residency, i.e. lease, rental agreement, or proof of ownership
- Effective date of service. New installations require more time.
- Billing Address (if different than physical address)
- Daytime telephone number
- Social Security number
- Copy of Driver's License
- Signature

The residential deposit requirement is two (2) times the average monthly bill. If owner occupied, the deposit may be returned upon written request after two years of excellent payment history. The owner deposit may be waived with a letter of good credit history for the prior twenty-four (24) months from another utility. Non-owner occupied, residential, deposits cannot be waived and will be held on the account until the account is closed. A credit check will be conducted on all new customers. A service charge of \$40.00 will apply for new customers; a \$25.00 service charge will apply to service transfers. The service charge is due upon application for service.

If you have further questions, please contact us at (352) 629-2489.

Sincerely,
City of Ocala Utility Services
Customer Service



CONTRACT AND DEPOSIT AGREEMENT
RESIDENTIAL UTILITY AND BILLED SERVICES

CUSTOMER SERVICE OFFICE
201 SE 3RD ST., OCALA, FLORIDA 34471

Phone: (352) 629-2489

Fax: (352) 629-1381

Automated Customer Service Line: 844-286-1785

Date Social Security No.

The Customer Service Office collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of City of Ocala business. The Customer Service Office may also release your SSN to other commercial entities engaged in the performance of commercial activities as permitted by law, i.e. collection agencies.

This contract for residential utility and billed services is subject to the terms and conditions imposed on such services by the City of Ocala, as the same may be amended from time to time.

Service Requested in the Name of (Applicant)

Requested By _____ Applicant is the: Owner Tenant

Driver's License # _____ Email Address

Service Address:

Contact Numbers: Home Fax Office Cell

Mailing Address (if different from Service Address):

Initial connection charge is \$40.00 and is due at start of service. Returning customers are charged \$25.00. The service charge is due upon application for service.

Photo copies of identification and proof of occupancy must be on file with the Utility prior to the start of services.

Deposit Required (per City Ordinance Sec. 70-683) \$ _____ Start Date:

In exchange for services provided, the undersigned customer hereby agrees to promptly pay all Utility billing invoices as required by the City of Ocala Code of Ordinances, as may be amended from time to time, for the utilities and billed services provided to customer by the Utility and to be bound by all applicable security provisions required by the Code of Ordinances concerning payment for those services as codified in Chapter 70 of the Code of Ordinances (copies of same are available upon request or at www.ocalaf.org).



CONTRACT AND DEPOSIT AGREEMENT
RESIDENTIAL UTILITY AND BILLED SERVICES

I expressly consent and authorize the City of Ocala, its Authorized Agents and assignees, for the purpose of servicing my account or to collect any amounts I may owe, to contact me by telephone, text message, e-mail or via the internet at any telephone number, e-mail address or website associated with my account, whether obtained from me or from third parties, including a cell phone, which could result in charges to me. Methods of contact may include using pre-recorded/artificial voice messages, use of an automatic dialing device, text messages, e-mails, and communications via internet sites and/or social and business networking websites as applicable. I understand that consent is not a condition of obtaining utility service. I have read this disclosure and agree that the City of Ocala and its Authorized Agents may contact me as described above. _____ Initial Here

The undersigned customer hereby grants the City of Ocala Utility Services ("Utility") a security interest in the service deposit provided for under this agreement to secure payment and performance of all the debts and obligations arising from the provision of utility and other billed services (water, sewer, electric, storm water, solid waste disposal, yard lights, and/or fire services) to the customer in the ordinary course of business. Deposits will be returned pursuant to City Ordinance 2016-17.

Customer Signature

OUS Representative

The above customer and the Utility have duly entered into this agreement on ____/____/____.

Notary required if not completed at OUS Offices:

STATE OF _____ COUNTY OF _____
The foregoing instrument was acknowledged before me this _____ day of _____,
by _____, _____ who is personally known to me
Or who has produced _____ as identification.

Notary Public _____



Utility Services

A copy of applicant's Driver's License is required with this application.
Please copy below:

FAX all pages of this completed form to Customer Service
Center at 352-629-1381

Copy of Driver's License

Customer Service Representative _____



Utility Services

**CITY OF OCALA
COLLECTION OF SOCIAL SECURITY NUMBERS**

THE UTILITY SERVICES DEPARTMENT OF THE CITY OF OCALA IS REQUESTING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER. SUCH DISCLOSURE IS (*check one*) **MANDATORY** (pursuant to Section 119.071; and/or necessary for the performance of the department's prescribed duties and responsibilities); or, **VOLUNTARY**.

COLLECTION OF YOUR SOCIAL SECURITY NUMBER IS FOR THE FOLLOWING PURPOSE(S) (check all that apply):

CLASSIFICATION OF ACCOUNTS:

IDENTIFICATION AND VERIFICATION:

CREDIT AND WORTHINESS:

BILLING AND PAYMENT:

DATA COLLECTION:

RECONCILIATION, TRACKING, BENEFIT PROCESSING; and,

SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.



Requesting a new service or reconnect?

To avoid delays in service connection:

- 1) **Address numbers must be clearly posted on structure.**
 - Numbers should be clearly visible from roadway.
 - Numbers should be of a contrasting color.
 - If the structure is over 50ft from roadway, additional numbers may be needed near entrance or driveway.
- 2) **For electric service, all breakers must be turned off.**
 - Ideally main disconnect will be turned *off*.
 - All other breakers should be *off* as well.
 - After connection, check all inside and outside breakers.
- 3) **For water service, faucets and spigots must be off.**
 - All interior faucets off, and water lines secured.
 - All exterior spigots off, and piping secured.
- 4) **Clear access to meter equipment must be provided.**

Missing address numbers, heavy electric load, and running water may unnecessarily delay the connection of your requested service.

If these conditions are not met and a second trip is necessary, your presence will be required on site for connection of service.

Thank You