



## Residential Utility Service Application

CITY OF LAKE MARY  
POST OFFICE BOX 950715  
LAKE MARY, FL 32795-0715  
[www.lakemaryfl.com](http://www.lakemaryfl.com)

PHONE 407-585-1448

FAX 407-585-1464

DATE EFFECTIVE: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

DAYTIME PHONE#: \_\_\_\_\_ EVENING PHONE#: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

DRIVER LICENSE STATE \_\_\_\_\_ NUMBER \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

PLEASE CHECK ONE:  OWNER  RENTER

UTILITY SERVICE DEPOSIT: \_\_\_\_\_ PROCESSING FEE (NON REFUNDABLE): \_\_\_\_\_

SERVICES:  WATER  SEWER  GARBAGE  STORMWATER

IRRIGATION  RECLAIMED WATER  STREET LIGHTING

METHOD OF PAYMENT:  CASH  CHECK  DEBIT/CREDIT CARD

**I AM APPLYING FOR CITY OF LAKE MARY UTILITY SERVICE AT THE ABOVE ADDRESS. I AGREE TO FOLLOW ALL CITY RULES FOR UTILITY SERVICE AND TO PAY CHARGES IN EFFECT AT THE TIME OF DELIVERY.**

**I AM ALSO RESPONSIBLE FOR MAKING SURE THAT ALL FAUCETS ARE TURNED OFF IN THE HOME BEFORE THE SERVICE IS ESTABLISHED. THE CITY IS NOT LIABLE FOR DAMAGES CAUSED BY WATER FAUCETS OR OUTLETS LEFT ON.**

**I UNDERSTAND THAT NON-PAYMENT OF MY ACCOUNT WILL STOP SERVICE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_