

Submit Form to:  
City Hall  
245 S. Mulberry Street  
Monticello, FL 32344  
PHONE: 850-342-0291  
FAX: 850-997-2217  
E-MAIL: allison@mymonticello.net  
Please also submit a copy of driver's license

## CITY OF MONTICELLO APPLICATION FOR UTILITY SERVICE

DATE SERVICE TO BEGIN: \_\_\_\_\_

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

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

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #:    Work \_\_\_\_\_  
                         Home \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**\*\*INFORMATION ABOUT  
SERVICE ADDRESS\*\***

\_\_\_\_ Single-Family - Swimming  
Pool? \_\_\_\_ Yes \_\_\_\_ No  
Irrigation Meter \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Business/Industrial- How Many  
Employees? \_\_\_\_\_

HAVE YOU USED CITY WATER/SEWER/GARBAGE SERVICES IN THE PAST? YES \_\_\_\_ NO \_\_\_\_  
IF YES, UNDER WHAT NAME AND ADDRESS? \_\_\_\_\_  
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The following information is requested by the Federal Government to monitor the city's compliance with equal opportunity laws. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation.

Ethnicity:    \_\_\_\_ Hispanic or Latino    \_\_\_\_ Not Hispanic or Latino  
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Race:        \_\_\_\_ American Indian or    \_\_\_\_ Asian        \_\_\_\_ Black or African American  
                 Alaska Native  
                 \_\_\_\_ Native Hawaiian/Other Pacific Islander    \_\_\_\_ White  
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Sex:         \_\_\_\_ Female                    \_\_\_\_ Male  
=====

***Please read and acknowledge:***

Monthly utility bills are mailed the last week of every month and are due by the 10<sup>th</sup> of the following month. A ten percent late charge is assessed after the 10<sup>th</sup> of each month. Accounts which carry a two-month balance are subject to disconnection on the 20<sup>th</sup> of the month and a disconnection fee of \$20.00 will automatically be charged. Service will not be restored until all charges due are paid in full. We are not responsible for undelivered mail.

I HAVE READ THE FOREGOING.

\_\_\_\_\_  
Applicant Signature

Contact City Hall with Arrangements for Payment of Deposit to be made by:  
Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_