Deposit Quote: \$50.00



CITY OF TALLAHASSE Utility Service Contract

This contract made and entered into as of the date appearing on the reverse hereof for and in consideration of utility service furnished to the applicant and monies paid to City by said applicant. (Definition: Applicant-person applying for services on reverse hereof. City-City of Tallahassee).

- 1. City agrees to furnish available utilities to applicant at address stated herein and applicant agrees to take City utilities as available.
- 2. Applicant agrees to pay for utilities furnished according to now existing rate schedule or any rate schedule to become existent in the future.
- 3. Applicant agrees to conform and abide by all City ordinances dealing with utilities (Chapter 25 Tallahassee Code.)
- 4. Applicant understands and agrees that in the event he or she receives utility services above deposit, city may require additional deposit, also when service is discontinued by either applicant or city and deposit is not adequate to pay for services furnished that applicant is justly indebted to city for excess or in case refund is in order same will be made in due course to applicant.
- Applicant understands and agrees that providing there is an unpaid balance due on my, or our, account for utility service at any other connection it may be transferred to this connection for immediate payment.
- 6. Agents signing this application on behalf of principals hereby agree to be jointly and serverally liable with their principals under the terms of this contract.
- 7. Applicant hereby agrees to pay the City's costs of collection, as often as such costs may be incurred, of any amounts which may become payable to the City for utility services but which are not paid when due. Such costs shall include, but not be limited to, fees charged by a collection agency, attorney's fees, and court costs.

Commercial Services Turn-on

Please complete form and make copy for your records. (Please print.)

Name of Business			
Street Address where utility service to be connected		Date to be turned on	
Mailing address if different from service a	ddress		
City	State	Zip Code	
Local Phone ()	Contact Person:		
Accounts Payable Phone ()	Contact Person: _		
Owners, Partner or Officers: (Please circle	e/ Print Name):		
Signature required:	Email Address		
DL#	Federal ID#		
Soc. Sec#			