

Welcome to the City of Niceville; please complete the following form. This information will be used to set up your account and can be helpful if we need to notify you of an emergency water shutdown.

Is this deposit for Residential _____ or Commercial _____ service?

Service Start Date _____

Service Address: Own _____ or Rent _____ (If rented, provide a copy of lease)

Name: Last Name, First Name, MI (or if business, please use business name)

Mailing Address:

Primary & Secondary Telephone #:

Hm _____ Wk _____ Cell _____

E-mail Address: _____

SSN: _____

Driver's License #: _____

If Business enter Federal ID #: _____ (If Business enter owner info)

Emergency Contact: _____

Name: _____ Telephone: _____

Address: _____

The above information is correct and I am aware of the City of Niceville's Water and Sewer Rate Schedule along with the policies associated with the City's utility services.

Applicant's Signature: _____ Date: _____