



CITY OF NICEVILLE UTILITY BILLING SERVICE APPLICATION LANDLORD RENTAL PROPERTY

Office 850-279-6436 ext. 1100 or Option 6

Official Use
Account#: _____
Contact#: _____
Scanned into Laserfiche By: _____
LL H2O Comment Coded: _____
Transfer Fee: PAID <input type="checkbox"/> BILLED <input type="checkbox"/>
ACH # _____ EMAIL _____

This form must be filled out and signed at the bottom to acknowledge an understanding of the information listed below and your obligation to comply with provisions of the City Code governing utility service. The City of Niceville must be provided a valid copy of your driver's license, Social Security Number to start any service. Startup fees may vary depending on other circumstances. Residential service is \$115 (\$80 Deposit & \$35 Service Fee). **This account will be opened and closed (by request) as needed between tenants and the deposit will be retained on your account for this purpose.**

City of Niceville collects your Social Security Number for one of the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking and as a unique numeric identifier for search purposes (§119.071(5) Florida Statutes). Social Security Numbers are considered confidential and exempt from public records disclosure, except for release to commercial entities as required by law (§119.071(5)(a)(6) Florida Statutes).

Service may be started by:

1. Delivery in person to the City of Niceville Utility Billing Office. (Located at: 208 North Partin Drive Niceville, FL 32578.)
2. Email to JCOLE@niceville.org; (We will call you back for a credit/debit card payment over the phone for \$1.25 convenience fee.)

Please be advised that: The customer accepts responsibility for the interior plumbing being in proper working order and turned off when requesting connection of water service. The customer expressly assumes responsibility and all liability for any damage to the premises and to any damage that may occur to the property of others. The customer will indemnify and hold harmless the city and its representatives for any resulting damage to the owner and/or tenants' premises and the real and personal property of others due to the aforementioned turning on of service at the water meter. **It is recommended that someone be at the property when the water is turned on. Open faucets and/or damaged fixtures, water pipes, drains and other factors can cause water damage to the premises once service is turned on. Each additional trip to the property will result in additional fees.** Initials _____

Requested date of service turn on: _____

Service Address: _____

Name (Last, First, MI) Primary Customer : _____

Mailing Address: (If Different - Street, City, State, Zip) _____

Primary Phone#: _____ Secondary Phone#: _____

Primary Driver's License# & State **(Copy of ID required):** _____ Primary SSN: _____

Joint Account Holder's Name (Last, First, MI): _____

Joint Driver's License# & State **(Copy of ID required):** _____ Joint SSN: _____

Name of person who may conduct business on account (Name will not show on bill): _____

Email Address: _____ Business Tax ID#: _____

Only if needing a Temporary Clean: (Complete all information above dotted line.) 1 week (\$15) or 2 weeks (\$30)

*****Keep this form on file for all future temporary cleans at this address. (Owners only; No agents/managers. Will NOT switch automatically, notice and payment will still need to be given to the City of Niceville when needed.)** Initials _____ (Initial)
Purpose is to provide water to landlords in need of light cleaning in between tenants, not to exceed 1500 gallons per week. (Exceeding usage will be an additional charge. This fee does not include garbage services, pools fills, lawn watering, and/ or pressure washing, etc.) Only 2 weeks shall be permitted in between full services/tenants (May use all at once or one week at a time.)

Signature(s) _____ **Date** _____

Joint Signature: _____



CITY OF NICEVILLE AUTOMATIC DRAFT & EMAIL BILLING SIGN UP FORM

Office 850-279-6436 ext. 1100 or Option 6

Official Use Only
Date Received: _____
Received by: _____
System Correction Done
Date Input: _____
Done By: _____
Remove Print Copy in: _____
Done By & Date: _____

Please return completed form to the City of Niceville by one of the following methods.

1. Email to jcole@niceville.org.
2. Delivery in person to the City of Niceville Utility Billing Office. (Located at: 208 N. Partin Dr. Niceville, FL 32578.)

Customers/Business Name (Last, First, MI): _____

Service Address: _____

Contact Phone#: _____ Utility Account#: _____

Signature _____ **Date** _____

AUTOMATIC DRAFT:

By signing above, I authorize the City of Niceville to draft the account listed monthly for the total amount due on the 10th, unless it falls on a weekend/holiday then it will be the bank's next business day. I understand I must continue to make payments as usual until "PAID BY DRAFT" appears on my bill, as all new applications will be subject to the pre-note process. Failure to do so could result in additional fees and/or cutoff for non-payment. I understand this authorization will remain in effect until written notice has been received of its termination. This bank draft may be terminated by the City of Niceville upon notification receipts of being declined/returned for any reason. I understand it will be my responsibility to notify the City of Niceville if my bank account information is changing and/or my bank account closes.

Initial Request Change to a new bank account *(Must fill out the current cancellation below)*

CHECKING ACCOUNT SAVINGS ACCOUNT **(A voided check is REQUIRED for drafts from checking/savings accounts.)**

BANK ROUTING ABA #: _____ BANK ACCOUNT#: _____

NAME ON BANK ACCOUNT: _____ BANK NAME: _____

CANCEL CURRENT AUTO DRAFT **Notice of termination must be submitted by the 20th for changes to take effect on your next bill**

I no longer wish to automatically draft my utility bill. Please make corrections to reflect this change as of _____

CURRENT BANK ACCOUNT #: _____ CURRENT BANK NAME: _____

EMAIL BILLING:

By signing above, I authorize the City of Niceville to deliver my monthly utility bill to this email address. I understand that I will no longer receive paper bills through the mail. I understand that I am responsible for notifying the City of Niceville, in the event any corrections to my email address must be made. I understand that I will be responsible for any fees that may be acquired due to the inability to deliver/receive my utility bill for any reason via email. I understand this authorization will remain in effect until written notice of termination is provided by me to the City of Niceville.

Initial Request Change to a different email address *(Must fill out the current cancellation below)*

EMAIL ADDRESS (Please print clearly) _____

CANCEL CURRENT EMAIL BILLING **Notice of termination must be submitted by the 20th for changes to take effect on your next bill**

I no longer wish to receive my utility bill by email. Please make corrections to reflect this change as of _____

EMAIL ADDRESS (Please print clearly) _____