## City of Apalachicola 1 Avenue E / Apalachicola, FL 32320

Phone: 850-653-9319 Fax: 850-653-2205 APPLICATION FOR WATER, SEWER AND GARBAGE

DATE:	
Account Name:	Spouse:
Service Address:	
Mailing Address:	
Telephone: Home Ce	ellWork
RENT or OWN / please include Landlord's Na	ame & Phone Number:
If Yes, What Name & Address	
Place of Employment:	
Driver's License No:	ntification is required)
(A copy of Driver's License or Photo Iden Social Security # or FEIN #:	<b>ntification is required)</b> Used for purposes of collecting bad debt per Florida Statute.
Name & Addresses of nearest relative not 1	
late fee of 10% will be incurred. If payment is a added and service will be disconnected. If nonparties will be applied and a new deposit will be required.	
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Government acting through the Rural Utilities Serv on the basis of race, color, national origin, religion, furnish this information, but encouraged to. This i	designation solicited on this application is requested in order to assure the Federal vice that the Federal laws prohibiting discrimination against participant applications as ex, family status, age and disability are complied with. You are not required to information will not be used to discriminate against you in any way. However, if to note the race, ethnicity, and sex of individual applicants on the basis of visual
ETHNICITY: HISPANIC OR LATIN	NO NOT HISPANIC OR LATINO
RACE: ASIAN AMERICAN INDIAN/ALASKA BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN/ISLANDER WHITE	GENDER: MALE FEMALE
FOR OFFICE USE ONLY: DEPOSIT	BEGINNING SERVICE DATE:
RECEIPT #	SEWER: GARBAGE
ACCOUNT #	METER #

NOTE: Applications completed after 3:00 pm cannot be assured of same day service.