

CITY OF FERNANDINA BEACH

Commercial Utility Service Application

1180 South 5th Street, Fernandina Beach, FL 32034

Phone: (904) 310-3400 TDD/TTY: 711 Email: COFBUtilityBillingOffice@fbfl.org Web site: www.fbfl.us

\*Monthly bills will be delivered electronically unless otherwise stated below.

Business Name \_\_\_\_\_

C/o Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(last) (First) (MI)

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

\*Email Address \_\_\_\_\_

Decline electronic billing. Mail monthly bill via USPS.

Driver's License # \_\_\_\_\_ (provide copy) State \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous utility service with us? Y \_\_\_ N \_\_\_ If yes, address \_\_\_\_\_

TURN ON DATE \_\_\_\_\_ DISCONNECT DATE \_\_\_\_\_

"I hereby make application to the City of Fernandina Beach, Florida for utility services to be supplied at the address herein described, and upon approval of said application agree to abide by all ordinances, provisions, and applicable rules of the City in regard to its service of the utility system and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. I will be personally responsible for the payment of utility bills rendered under this account."

Under penalties of perjury, I declare that I have read the foregoing application for utility service and that the facts stated in it are true to the best of my knowledge and belief. All applications are considered public records by the State of Florida and are open to public inspection.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

OFFICE USE ONLY

Fees (Deposits are refundable) Account # \_\_\_\_\_ CSS \_\_\_\_\_ Date \_\_\_\_\_

WATER DEPOSIT \$ \_\_\_\_\_  
SEWER DEPOSIT \$ \_\_\_\_\_  
GARBAGE DEPOSIT \$ \_\_\_\_\_  
STORMWATER DEPOSIT \$ \_\_\_\_\_  
SUBTOTAL \$ \_\_\_\_\_  
PROCESSING FEE \$ \_\_\_\_\_  
SERVICE CALL FEE \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Customer History:  
 Verified no outstanding balance due.  
 Verified outstanding balance due of \$ \_\_\_\_\_

OPT TO SEND LOC TO WAIVE DEPOSITS (Residential only)

Note - Customer has 30 DAYS from date of application to provide LOC.