



# City of Fort Lauderdale

## Finance Department-Utility Billing & Collections Office

100 North Andrews Avenue, Fort Lauderdale, Florida 33301

Phone (954) 828-5150 • Fax (954) 828-5880 • Email: [utilitybilling@fortlauderdale.gov](mailto:utilitybilling@fortlauderdale.gov)

Website: [www.fortlauderdale.gov/utilitybilling](http://www.fortlauderdale.gov/utilitybilling)

Office Hours: 7:30 AM- 5:00 PM Monday-Friday

FOR OFFICE USE ONLY

Acct#: \_\_\_\_\_

### UTILITY SERVICE APPLICATION AND AGREEMENT

**INSTRUCTIONS:** Please print clearly and complete all sections of the form that apply to you.

Submit completed application and documentation by email, fax, mail, or in person at the above address.

Please be sure to have the following documents available when opening an account.

The required deposit can be paid by phone, mail, online, or in person.

Owner (Attach a copy of your Settlement Statement)       Tenant (Attach a copy of your Lease Agreement)

**1** Name(s) on account: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone/Ext: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Have you ever had utility service with the City of Fort Lauderdale?      Yes  No

Do you currently have utility service with the City of Fort Lauderdale?      Yes  No

If yes, please provide service addresses: \_\_\_\_\_

#### Service Address

Street: \_\_\_\_\_ Unit # (if any) \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Billing Address

If same as service address, leave blank.

In care of: \_\_\_\_\_

Street: \_\_\_\_\_ Unit # (if any) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of legal possession of property: \_\_\_\_\_

Date of service(s) needed: \_\_\_\_\_

Please mark services you will be responsible for: (If rental property, please check with your landlord.)

Water       Sewer       Sanitation       Irrigation       Stormwater       Fire

**2** Would you like to enroll in our Automatic Bank Draft Payment Option?       YES       NO

**NOTE:** Please attach a **voided check** if you wish to enroll. If you prefer to sign up for this service with a **credit card**, please activate an online account at [utilitybilling.fortlauderdale.gov](http://utilitybilling.fortlauderdale.gov) to sign up for this payment option.

→**READ AND INITIAL:** I authorize the Financial Institution, named on the voided check I've provided, to pay my monthly utility bill to the City of Fort Lauderdale by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were an instrument signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by notifying the Utility Billing Customer Service Office seven days prior to the due date on my bill. I will still be responsible for payment of my bill by the due date. I understand, however, that both the Financial Institution and the City of Fort Lauderdale reserve the right to terminate this payment plan or my participation therein. A return check fee will be charged for all non-sufficient funds.      **Initial:** \_\_\_\_\_

