



CITY OF NICEVILLE UTILITY BILLING SERVICE APPLICATION

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

Official Use
Account#: _____
Contact#: _____
Scanned into Laserfiche By: _____
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 and/or Tax ID number, and if renting a copy of your lease to start any service. Startup fees may vary depending on other circumstances. Residential service is \$115 (\$80 Deposit & \$35 Service Fee) Commercial service amounts vary depending on sanitation requirements. If you currently have an active account open, your existing deposit can be transferred to the new service location and service can be on simultaneously at both locations for up to two weeks with a \$35 transfer fee. Deposits are refunded upon termination of your service toward your final bill. The city does not issue refund checks for amounts below \$5.00 for final billed accounts. Customers may request the refund check be issued to be picked up in person.

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** **Same day water service is only guaranteed if paperwork is submitted in office by 2:00 pm**

Requested date of service turn on: _____ Residential Commercial

Own/Buying Realtor Renting **(If renting, copy of lease required)**

Service Address: _____

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

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#: _____

Emergency Contact Name & Phone#: _____

Landlord's Name & Phone#: _____

Signature _____ **Date** _____

Joint Signature _____ **Date** _____

Only if Transferring: (Services can only be on at both locations for up to 2 weeks with a fee of \$35)

Account Number: _____

Current Service Address: _____ Turn off date: _____



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: _____

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) _____