



# CITY OF NICEVILLE UTILITY BILLING RESIDENTIAL 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 a copy of your lease/closing documents to start any service. Startup fees may vary depending on other circumstances. Residential service is \$160 (\$125 Deposit & \$35 Service Fee). 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 [UTILITYBILL@NICEVILLEFL.GOV](mailto:UTILITYBILL@NICEVILLEFL.GOV); (We will call you back for a credit/debit card payment over the phone for a 1% 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: \_\_\_\_\_

Own/Buying  Realtor  Renting **(Proof of ownership/renting required! i.e. lease /closing docs)**

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: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Landlord's Name & Phone#: \_\_\_\_\_

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

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

**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: \_\_\_\_\_