

# Utility Service Transfer Request

**City of Tallahassee**  
Your Own Utilities<sup>SM</sup>



850.891.4YOU (4968)

Please print clearly and fill out all information completely. The PDF version of this form can be filled out on a computer and printed. Retain a copy for your records.

FULL NAME (FIRST, MI, LAST)		DATE OF BIRTH
CURRENT SERVICE ADDRESS (ADDRESS WHERE SERVICES WILL BE TURNED OFF)		APT. NO.
NEW SERVICE ADDRESS (UTILITY SERVICE TURN-ON LOCATION)		APT. NO.
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE
EMAIL ADDRESS		
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	
SIGNATURE	DATE	
REQUESTED TURN-OFF DATE	REQUESTED TURN-ON DATE	

**Electronic SmartBill**  
**YES**

By my signature in this box, I choose to save paper, time and money by receiving my monthly utility bill electronically at the email address given on this form.

I understand that I can unsubscribe to this service at any time.

\_\_\_\_\_  
SIGNATURE

More information on the SmartBill is available at:  
[www.talgov.com/you/uos/smartfaq.cfm](http://www.talgov.com/you/uos/smartfaq.cfm)

## FAX both pages of this completed form to Utility Customer Service at 850.891.0901

This contract made and entered into as of the date appearing on the reverse hereof for and in consideration of utility service furnished to the applicant and monies paid to City by said applicant (Definitions: Applicant - person applying for services on reverse hereof. City - City of Tallahassee). (Definitions: Applicant - person applying for services on reverse hereof. City - City of Tallahassee).

1. City agrees to furnish available utilities to applicant at address stated herein and applicant agrees to take City utilities as available.
2. Applicant agrees to pay for utilities furnished according to the now existing rate schedule or any rate schedule to become existent in the future.
3. Applicant agrees to conform and abide by all City ordinances dealing with utilities (Chapter 25 Tallahassee Code).
4. Applicant understands and agrees that in the event he or she receives utility services above deposit, city may require additional deposit, also when service is discontinued by either applicant and deposit is not adequate to pay for services furnished that applicant is justly indebted to city for excess or in or city and or in case refund is in order same will be made in due course to applicant.
5. Applicant understands and agrees that providing there is an unpaid balance due on my, or our, account for utility service at any other connection it may be transferred to this connection for immediate payment.
6. Agents signing this application on behalf of principals hereby agree to be jointly and severally liable with their principals under the terms of this contract.
7. Applicant hereby agrees to pay the City's costs of collection, as often as such costs may be incurred, of any amounts which may become payable to the City for utility services but which are not paid when due. Such costs shall include, but not be limited to, fees charged by a collection agency, attorney's fees, and court costs.
8. City collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of City business (Section 119.071(5), Florida Statutes).
9. City may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law (Section 119.071(5), Florida Statutes).



A copy of applicant's Driver's License and Social Security card is required with this application. Please copy in the space provided below:

**FAX both pages of this completed form to  
Utility Customer Service at 850.891.0901**

**Copy of Driver's License**

**Copy of Social Security Card**