

City of Panama City

COMMERCIAL BUSINESS CUSTOMER APPLICATION FOR WATER /SEWER/GARBAGE

Complete Parts I and II

Part I

Name of Business: _____

Name As Shown On
Business License _____

Service Address _____

Mailing Address _____

Business Telephone _____

Turn on Date _____

1st Account _ Yes _ No

2nd Account

*If 2nd Account-List Name & Address

Previous Address (1st account) _____

Part II

Name of Applicant: _____

Position of Applicant: _____

Home Address: _____

Telephone: _____

Tax ID/Social Security Number: _____

Drivers License Number: _____

State: _____

Garbage Requirement: Can _____ Dumpster _____

Office Use Only:

Account # _____

Customer # _____

I UNDERSTAND THAT SERVICE CHARGES ARE DUE WHEN RENDERED, AND THE CUSTOMER WILL PAY ALL COSTS, CHARGES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, FOR COLLECTION OF ALL UNPAID BALANCES.

Signature _____

Date _____

HOLD HARMLESS AGREEMENT
THE UNDERSIGNED APPLICANT CONSENTS THAT WATER SERVICES PROVIDED AT THE LOCATION DESCRIBED IN THE APPLICATION FOR WATER/SEWER/GARBAGE SERVICE MAY BE TURNED ON WITHOUT APPLICANT OR APPLICANT'S REPRESENTATIVES PRESENT. APPLICANT FURTHER AGREES TO HOLD THE CITY OF PANAMA CITY AND ITS EMPLOYEES HARMLESS SHOULD THE PROPERTY, BUILDING(S) OR PREMISES INCUR DAMAGES AS A RESULT OF THE WATER CONNECTION.

APPLICANT _____

DATE _____

INSTRUCTION SHEET
COMMERCIAL CUSTOMER
APPLICATION FOR WATER/SEWER/GARBAGE

THIS APPLICATION IS FOR CITY OF PANAMA CITY
WATER/SEWER/GARBAGE CUSTOMERS ONLY. IF YOU DO NOT LIVE IN
PANAMA CITY, PLEASE CONTACT THE APPROPRIATE UTILITY FOR AN
APPLICATION.

1. FILL IN THE BLANKS ON THE FORM THAT APPLY TO YOU.
2. SIGN THE APPLICATION FORM.
3. READ AND SIGN THE HOLD HARMLESS AGREEMENT.
4. CALL THE CITY OF PANAMA CITY UTILITY BILLING DIVISION. THE TELEPHONE NUMBER FOR THE CITY OF PANAMA CITY UTILITY BILLING DIVISION IS 850-872-3166. A CUSTOMER SERVICE REPRESENTATIVE WILL INFORM YOU OF THE AMOUNT OF THE REQUIRED UTILITIES DEPOSIT.
5. MAKE YOUR CHECK PAYABLE TO THE CITY OF PANAMA CITY IN THE AMOUNT OF THE REQUIRED DEPOSIT.
6. A COPY OF A PHOTO I.D. OF THE PERSON THAT SIGNS THE APPLICATION AND THE HOLD HARMLESS AGREEMENT MUST BE ENCLOSED WITH YOUR CHECK.
7. MAIL YOUR DEPOSIT CHECK, APPLICATION AND HOLD HARMLESS AGREEMENT AND COPY OF A PHOTO I.D. OF THE PERSON THAT SIGNED THE APPLICATION AND HOLD HARMLESS AGREEMENT TO THE CITY OF PANAMA CITY UTILITIES DEPARTMENT, P.O. BOX 1880, PANAMA CITY FLORIDA 32402.
8. THE STREET ADDRESS FOR PERSONAL DELIVERY OF YOUR APPLICATION IS PANAMA CITY UTILITIES DIVISION, 9 HARRISON AVENUE, PANAMA CITY FLORIDA 32401.