

**City of Panama City
INSTRUCTION SHEET
RESIDENTIAL 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 2487, PANAMA CITY FLORIDA 32402.
8. THE STREET ADDRESS FOR PERSONAL DELIVERY OF YOUR APPLICATION IS PANAMA CITY UTILITIES DIVISION, CITY HALL BLDG., 9 HARRISON AVENUE, PANAMA CITY FLORIDA 32401.

RESIDENTIAL UTILITIES SERVICE APPLICATION

Application for Service at:

Date: _____

Account Number: _____

Person Liable for Payment:

Last

First

Middle

Date of Birth: _____
 Month Day Year

Social Security Number: _____

If Business D/B/A

Position Held _____

Previous Bus. Acct. Address

Business Phone _____

Mail Bills To:

Delivery Address (Street, City, State, Zip)

Additional Address (Street, City, State, Zip)

Home Phone _____

Employer _____ Work Phone _____

Other Person(s) That Can Act for You:

1. Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Social Security Number: _____

2. Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Social Security Number: _____

Nearest Relative Not Living With You

Name: _____
Last First Middle

Phone: _____

Relationship: _____

Address: (Street, City, State, Zip)

Landlord

Name: _____
Last First Middle

Phone: _____

Relationship: _____

Address: (Street, City, State, Zip)

Other Person(s) At This Address

Office Use Only _____ I.D. # _____ Issued By _____

THE AGREEMENTS SHOWN BELOW MUST BE SIGNED
AND RETURNED WITH YOUR APPLICATION

The undersigned applicant for residential water/sewer/garbage service states the information provided on the application for city utilities is true and accurate to the best of applicant's knowledge. Applicant also understands that all charges are due as billed and accepts total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance.

Applicant _____ Date _____

HOLD HARMLESS AGREEMENT

The undersigned applicant consents that water services provided at the location described on the front of the application 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 damage as a result of water connection.

Applicant _____ Date _____