



### Utility Service Request Application

Application will not be processed without a photo ID for the account holder. Applications will not be processed without a Lease Agreement or Purchase Agreement. Applications are processed at City Hall 75 N 7<sup>th</sup> St., Eagle Lake For additional information, please call Customer Service at 863-293-4141. **All applications for new service are subject to a credit check to determine Amount of deposit collected.**

**CITY OF  
EAGLE LAKE  
75 N 7<sup>th</sup> St.  
PO BOX 129  
EAGLE LAKE, FL. 33839  
Phone (863) 293-4141  
Fax (863) 294-3590**

Name: \_\_\_\_\_ Home #: (    ) \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Service Location: \_\_\_\_\_

Billing or Forwarding Address: \_\_\_\_\_

The City of Eagle Lake, as a recipient of United States Department of Agriculture assistance, is required to collect racial/ethnicity and gender statistical information from our customers. Our customers are under no obligation to provide such information. If you choose to participate please check all that apply:

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Race: African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_

**Action Requested:**

Connect: \_\_\_\_\_ Reactivate: \_\_\_\_\_ Transfer: \_\_\_\_\_ Disconnect: \_\_\_\_\_ Vacation: \_\_\_\_\_ Mailing Address Change: \_\_\_\_\_

**Service Type:**

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Irrigation: \_\_\_\_\_ Date to be Completed: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**A CREDIT CHECK IS REQUIRED FOR ALL APPLICANTS THAT REQUEST WATER SERVICE WITH THE CITY OF EAGLE LAKE. THE CREDIT CHECK IS USED TO DETERMINE AMOUNT OF DEPOSIT REQUIRED. BY SIGNING THIS DOCUMENT YOU AGREE TO CREDIT CHECK.**

**FOR OFFICE USE ONLY**

Inside City Limits: \_\_\_\_\_ Outside City Limits: \_\_\_\_\_ Account #: \_\_\_\_\_

Customer Service Representative: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Work Order #: \_\_\_\_\_

