



TOWN OF HILLIARD

WATER/SEWER SERVICE APPLICATION

COMMERCIAL DEPOSIT OVER 10,000 GALLONS \$ 350.00
COMMERCIAL DEPOSIT UNDER 10,000 GALLONS \$ 250.00

NON-REFUNDABLE SERVICE CHARGE \$ 45.00

ACCOUNT NUMBER: _____ SERVICE ADDRESS: _____
HILLIARD, FL 32046

BUSINESS NAME or OWNER: _____

MAILING ADDRESS: _____ APT # _____

CITY _____ STATE _____ ZIP _____

DRIVERS LICENSE # _____ SOCIAL SECURITY# _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

(COPY OF DRIVERS LICENSE IS REQUIRED) DATE OF BIRTH: _____

ADDITIONAL NAME(S) OF RESPONSIBLE PARTIES AUTHORIZED ON THIS ACCOUNT:

(1) _____ SOCIAL SECURITY # _____

(2) _____ SOCIAL SECURITY # _____

EMAIL ADDRESSES: _____ RENT: _____ OR OWN HOME: _____

- IS A FORMER TENANT BENEFITING FROM THIS UTILITY SERVICE? YES _____ NO _____
- ANY PREVIOUS DEBT OWED BY THAT TENTANT WILL BE ACCESSED AGAINST THIS ACCOUNT

(S): _____ DATE: _____
NEW SERVICE / UPDATE - SIGNATURE

(S): _____ DATE: _____
TRANSFER - SIGNATURE

(S): _____ DATE: _____
FINAL - SIGNATURE

I HEREBY MAKE APPLICATION TO THE TOWN OF HILLIARD FOR UTILITY SERVICE AND AGREE TO ABIDE BY ALL ORDINANCES, PROVISIONS AND APPLICABLE RULES OF THE TOWN IN REGARDS TO ITS SERVICE OF THE UTILITY SYSTEM AND AGREE TO PAY FOR SUCH SERVICES IN ACCORDINANCE WITH RATES AND REGULATIONS IN EFFECT AT THE TIME OF DELIVERY. I WILL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF UTILITY BILLS RENDERED UNDER THIS ACCOUNT.I RECEIVED AND UNDERSTAND THE TOWN'S BILLING POLICIES. THE TOWN OF HILLIARD COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: IT IS ONLY FOR THE PURPOSE OF CUSTOMER IDENTIFICATION, VERIFICATION AND CREDIT WORTHINESS.

(S): _____ DATE: _____

(OFFICE USE)

WATER DEPOSIT _____ SEWER DEPOSIT _____

NONREFUNDABLE SERVICE FEE _____ PAYMENT METHOD _____

TOWN OF HILLIARD'S BILLING POLICIES/PROCEDURES

INFORMATION FOR CUSTOMERS

If you have not received a bill by the 5th of the month, please call Town Hall at 845-3555 and request the amount of your bill. Failure to receive a bill does not relieve customer of full responsibility.

Bills are due and payable at the town hall upon receipt, but no later than 5pm on the 15th of the month following the reading date. If not paid the bill shall become delinquent, and a late penalty shall be added to the amount of the bill, which shall be payable as if part of the amount originally billed. A notice of late penalties and termination shall be sent to the person responsible for the account in conjunction with the late notice. If a bill remains unpaid at 5pm on the 25th day of the month in which it was due, the account shall be deemed delinquent, and a second penalty shall be assessed, and service shall be subject to cut off. If the 15th or 25th day of the month falls on a weekend or a holiday, penalties shall be assessed on the next working day at 5pm. Ordinance 58-85(e)

If services are terminated, the user shall have two business days prior to the end of the month in which services were terminated to have services restored. If services are not paid the deposit on the account shall be applied toward payment of the delinquent amount, including late penalties. A new deposit will have to be paid to restore services and reopen the account. Ordinance 58-7(a)

A new user shall provide a deposit to guarantee payment of delinquent bills in an amount established by resolution of the town council. Any customer whose water and/or sewer service is terminated a second time due to nonpayment or a returned check shall have his water and/or sewer deposit increased to the current deposit fee plus an additional 50 percent, prior to the water and/or sewer service being restored. Ordinance 58-84

PAYMENT METHODS

WE OFFER BANK DRAFT AS A PAYMENT METHOD - PAYMENTS ARE DEDUCTED FROM YOUR BANK ACCOUNT ON THE 15TH OF EACH MONTH - CALL AND SIGN UP TODAY!!

WE ACCEPT CASH, CHECK, MONEY ORDER, VISA, OR MASTERCARD & ONLINE PAYMENTS AT WWW.TOWNOFHILLIARD.COM OR BY CALLING 904-675-9500

AFTER HOURS PAYMENT DROP BOX IS LOCATED AT 15859 WEST CR 108 – NO CASH IN DROP BOX

TOWN OF HILLIARD

Post Office Box 249 Hilliard, FL 32046
Office (904) 845-3555 - Fax (904) 845-1221
(904) 845-2711 for after-hours emergencies