



City of Callaway Utility Billing Department
REQUEST FOR TEMPORARY UTILITY SERVICE

6601 E Hwy 22 * Callaway, FL 32404 * Telephone (850) 871-6000 * Fax (850) 871-2444
www.cityofcallaway.com

Service may not exceed 7 days * Applicant's current photo ID must be accompanied with application * Must provide proof of ownership or management agreement for address * Connects and disconnects are performed same day if received by 3:00 P.M. (no weekends or holidays) * Non-refundable account charge of \$50.00 * Service includes 1,000 gallons of water and sewer usage and 1 solid waste pick up.

PLEASE PRINT OR TYPE

Account Name:

Applicant Name:

Phone: _____ Last _____ First _____ Middle _____ Cell: _____ Fax: _____

Email: (OPTIONAL)

Mailing Address:

Service Address: _____ City _____ State _____ Zip Code _____

Date To Begin Service: _____ (SAME DAY SERVICE UNTIL 3:00 P.M.)

Date To End Service: _____

Check one (1) box below: **You must select one of the options.**

Unlock Meter Only OR Turn on Meter

Read statement below, sign and date application

The undersigned applicant accepts responsibility for all charges for residential water/sewer/solid waste at this address from the beginning date to the end date on this application including reasonable attorney's fees and costs incurred for collection of any unpaid balance. Applicant accepts responsibility for damages done to any meters at this location by them or anyone else. Applicant understands that temporary utility service requests are non-billed and non-refundable account fee of \$50.00 for 1000 gallons of water volume consumption and 1 solid waste pickup. Any consumption above 1000 gallons will be billed to the account holder. The applicant consents that water services provided at the service location listed above may be turned on without applicant or applicant's representative present. Applicant further agrees to hold the City of Callaway and its employees



HARMLESS should the property, buildings(s) or premises incur damage as a result of water connection. The applicant does hereby attest that this address is vacant.

APPLICANT'S SIGNATURE: _____ DATE: _____

Payment is made by: Check Visa MasterCard Discover

Routing Number _____ Bank Account

Number _____

Card Number _____ CVC Code _____ Exp.

Date _____

Processing of payment is subject to a \$4 administrative fee.