



Utility Billing Department  
 6601 E Hwy 22, Callaway, FL, 32404  
 Phone (850) 871-6000 Fax (850) 871-2444  
[www.cityofcallaway.com](http://www.cityofcallaway.com)

## TEMPORARY UTILITY SERVICE APPLICATION

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 ~ Connections and disconnections are performed same day if received by 3:00 P.M. (no weekends or holidays) ~ Non-refundable service 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: \_\_\_\_\_  
Last First Middle

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: *(Optional)* \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Date to Begin Service: \_\_\_\_\_ Date To End Service: \_\_\_\_\_

Check One Box:  Unlock Meter Only OR  Turn on Meter (You must choose one)

[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. An account fee of \$50.00 will be required before service can begin. Any consumption above 1,000 gallons will be billed to the account holder. The applicant consents that water services provided at the 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.*

Date: \_\_\_\_\_ Applicants' Signature: \_\_\_\_\_

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 \$2.95 administrative fee.

May 16, 2018