

City of Naples - Utility Department

735 Eighth Street South | Naples, Florida 34102 Phone: (239) 213-1800 Fax: (239) 213-1023 Email: CustSrv@naplesgov.com

APPLICATION FOR UTILITIES SERVICE

Welcome to the City of Naples. Please complete this form to apply for or transfer utility services. If you have questions regarding your utility account, you may call City Hall at 239-213-1800 or send an email to CustSrv@naplesgov.com

UTILITY ACCOUNTS ARE ALWAYS IN THE PROPERTY OWNER'S NAME

This form can be mailed, faxed, or delivered to the above address, or emailed to CustSrv@naplesgov.com.

All orders for service or service changes must be received at least two days priorto date of service.

See supporting document requirements below.

SERVICE ADDRESS:				
CURRENT UTILITY ACCOUNT:				
If property was sold, please give the	e following information:			
CURRENT OWNER (SELLER):		CLOSING D	CLOSING DATE:	
Fowarding address for final billing:	STREET:			
	CITY:	STATE:	ZIP:	
NAME OF NEW OWNER(S):				
MEM DILLING ADDDESS:				
PHONE OF NEW OWNER:				
EMAIL OF NEW OWNED.				
DRIVER'S LICENSE/ID#:				
Attach a copy of s	elling statement, closing	g papers or other proof of o	ownership	
Secondary billing (extra \$1/bi-month	nly charge)			
2 nd NAME:				
2 nd BILLING ADDRESS:				
2 nd BILLING ADDRESS:				
ADDITIONAL INFORMATION:				

Signed Customer Agreement must be attached.

City of Naples Customer Agreement

Read Carefully

Customer Agrees: The meter and meter box shall always remain accessible to utilities personnel for inspection, testing, and maintenance. Landscape shrubs and ground cover such as mulch shall remain at least 18 inches from the edges of meter or meter box. Trees shall not be planted within 4 feet of the meter. The applicantshall ensure that the meter or meter box is accessible.

I agree to pay the City all utility bills and penalties as billed at the rates established. I shall be responsible for notifying the Customer Service Division of any change in ownership of the premises being serviced. I understand that paying any utility bill with non-sufficient fund checks can lead to immediate disconnection without notice.

I agree to have our meters accessible for Water Dept. representatives to read and inspect, and I will allow them to enter the premises at reasonable times to do so.

Falsification of this application may result in immediate disconnection of utilities. Utilities not paid by the due date listed on the bill are considered delinquent and will result in the discontinuation of services if unpaid. To resume service, all customer balances and disconnection service charges must be paid. Delinquent accounts will bear a penalty of 5% until the account is paid in full.

This application for water service shall also be considered as an application for sewer, reclaimed water, and solid waste service when the property is within those areas in which the city provides such service.

APPLICANT'S SIGNATURE:	DATE:
(Note: If submitting this form electronically, please type your name an Electronic Submittal disclaimer below.)	d date on the corresponding lines above. Also, please review the
ELECTRONIC SUBMITTAL	
(NOTE: The button used to submit this form (via email) will appear upon entire form for electronic submittal requires a minimum of free Adobe Re	
By checking this box, typing your name in the app form electronically (via email), you affirm that all informatruthfully, and to the best of your knowledge and your considered legally binding the same as signing your phy	ation contained within this document was completed you understand that your electronic signature is
FOR OFFICE USE ONLY:	
Driver's License Verification:	
No outstanding balance verified - Property	
No outstanding balance verified - Customer	
Address's location number:	
Name that currently appears on this account:	
Customer was given a bank draft form	