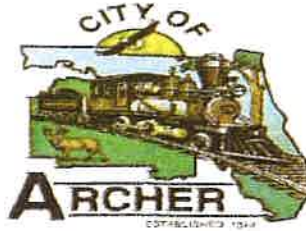


City of Archer, Fl.  
 PO Box 39  
 Archer, Fl. 32618  
 Phone: 352-495-2880



Fax: 352-495-2445  
 E-mail: Info@cityofarcher.com

**Water/Solid Waste Utility Service Application**

Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Date Needed: \_\_\_\_\_ Is this a business? \_\_\_\_\_ Or a residence? \_\_\_\_\_

Have you and/or Co-applicant had service with the City of Archer previously? YES / NO  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Owner  Renter  **\*\*\*COPY OF RENTAL AGREEMENT REQUIRED\*\*\***

If renter, Landlord Name and Phone # \_\_\_\_\_

**Primary Applicant: \*\*\*PHOTO IDENTIFICATION REQUIRED\*\*\***

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_  
 DR LIC #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**Co-Applicant:**

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_ SS# \_\_\_\_\_  
 DR LIC #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

DEPOSIT RESIDENTIAL \$100 _____	CASH _____ CK# _____	COMMERCIAL \$100.00 _____
Cut on charge \$20 _____		Cut on charge \$ 20.00 _____
Residential Garbage Only _____	COMMERCIAL 96 GAL G1 _____	2 YD G2 _____ 4 YD G3 _____
	6 YD G6 _____	8 YD G4 _____
Temporary water \$25.00 _____		

I/WE HEREBY AFFIRM THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I/WE WILL ASSUME THE FULL RESPONSIBILITY OF ALL FINANCIAL OBLIGATIONS AT THE ABOVE SERVICE ADDRESS UNTIL I/WE HAVE NOTIFIED THE CITY IN WRITING TO DISCONTINUE SERVICE.

I hereby promise to pay all bills for such service when due, and abide by all ordinances regulating the use of City utilities and any other rules and regulations which may be adopted by the City Council concerning said service.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(for office use only)

Rental Agreement  Photo ID  Service fee Paid Date:  Deposit Paid   
 ACH: New / Continue \_\_\_\_\_ Completed ACH Form  \_\_\_\_\_  
 Transfer Deposit/Balance: \_\_\_\_\_ Account #: \_\_\_\_\_ Meter #: \_\_\_\_\_ Clerk: \_\_\_\_\_  
 Meter Reading \_\_\_\_\_



## CITY OF ARCHER, FL.

**FAILURE TO RECEIVE A BILL** does not relieve the customer of obligation for payment or the consequences of non-payment. If you have not received your bill by the 5<sup>th</sup> of each month, please contact City Hall at (352) 495-2880

**RETURNED CHECKS** (NSF, closed account, etc.) will be charged a \$35.00 service charge. After the second occasion of a returned check the payer will be required to make payment with cash or money order for a period of not less than (12) months.

**DELINQUENT ACCOUNTS** will be placed with a collection agency for collection of unpaid balances

**ACCOUNT HOLDER WILL BE RESPONSIBLE FOR CHARGES INCURRED.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Utility Billing Clerk \_\_\_\_\_ Date \_\_\_\_\_