



**DEPOSITS:** A deposit is required for all water and sewer customers of the City except as specified in the Utilities Handbook and will be on the first month's bill. Interest on deposits is credited quarterly to the customer's account. Upon termination of the account, any deposit held by the City will be applied against the final bill. Any remaining balance will be forwarded to the customer of record.

\*\*\*Residential customers with one year of good payment history will be refunded their deposits.

**COLLECTIONS (Ordinance 21-2004):** The City shall be entitled to recover all costs, including but not limited to reasonable attorney's fees and/or collection service charges, incurred in collecting delinquent utility fees and charges.

**LIEN FOR DELINQUENCY:** As promulgated in detail in the City of Cocoa Code of Ordinances, all utility rates, fees and charges assessed shall be lien upon the property with which such rates, fees and charges are associated.

**IMPORTANT INFORMATION:** The City of Cocoa is not responsible or liable for loss or damage to any person or property whatsoever, resulting directly or indirectly from flooding beyond the water meter. It is the customer's responsibility to make sure all water inside the dwelling is turned off to avoid flooding. If a Field Service Representative cannot turn the water on due to water running, the customer must contact Customer Service office to reschedule for a later time/date.

I hereby request and authorize the City of Cocoa Utilities to supply water and/or sewer services to the above described property, as well as all other services which may be attached to the property. I also agree to pay for said services at the rate established by the City of Cocoa and other Utilities which we bill and abide by the rules and regulations applicable to said service as outlined in the Utility Handbook.

\_\_\_\_\_

Customer Signature Date

**SECTION II**

IF YOU ARE UNABLE TO COME INTO THE OFFICE TO SIGN AND COMPLETE THIS FORM, YOU MUST HAVE THIS FORM NOTARIZED AND SUBMITTED TO CUSTOMER SERVICE ALONG WITH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_, by:

\_\_\_\_\_ has produced \_\_\_\_\_

(Customer Name) (Type of identification)

\_\_\_\_\_

(Notary Public Signature)

\_\_\_\_\_

(Name of Notary typed, printed or stamped)



Office Use Only:

CSR \_\_\_\_\_ Received By: \_\_\_ Mail \_\_\_ Fax \_\_\_ E-mail \_\_\_ In-Person

