



# City of Davenport

Gateway to the Ridge

1 South Allapaha Avenue • Davenport, FL 33837 • (863) 419-3300 • Fax (863) 419-3302

[utilityservices@mydavenport.org](mailto:utilityservices@mydavenport.org)

## Utilities Application

I, \_\_\_\_\_, hereby request utility service(s) from the City of Davenport, Florida at:  
Account holder: First, Middle, and Last Name

\_\_\_\_\_ and agree to pay all appropriate deposits, fees, and charges.  
Service Address: Street Number and Name

This address will be used as a:  residence  business and I am the:  owner  renter

Requested utility service(s) start date: \_\_\_\_\_

**Proof of residency is required (i.e. lease, rent receipt, contract, etc.)**

### Account holder information:

Billing Address (if different from service address): \_\_\_\_\_  
Street Number and Name, City, State, Zip Code

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like your bill emailed?  Yes  No

Have you ever had an account with the City before?  Yes  No

If yes, provide the address on the prior account: \_\_\_\_\_  
Service Address

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

For the safety of our utility staff, on-site pets must be secured in areas away from water meter locations.

Utility bills are due on the first (1<sup>st</sup>) of each month. A late fee charge of the greater of \$10 or 1.5% of the outstanding balance will be added to the account if received after the 1<sup>st</sup>. Failure to pay by the 10<sup>th</sup> will result in service disconnection and service may not be reinstated until the full balance on the account is paid. If service is disconnected, a reinstatement fee of \$70.00 is applied.

I understand that failure to pay my utility bill may result in further collection action which includes submission to a collection agency and credit bureau reporting.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Deposit Amount: \_\_\_\_\_ Total Fees: \_\_\_\_\_ Account #: \_\_\_\_\_ Start Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Bins: On-Site  Ordered  W/O  Application Scanned