TOWN OF DAVIE UTILITY SERVICE APPLICATION

TOWN OF DAVIE
6591 ORANGE DRIVE
DAVIE, FL. 33314
PHONE # 954 797-1065

For Office Use
Customer ID_____Location ID_____

Deposit Amount_____

NAME: _____

SERVICE ADDRESS: _____ZIP CODE_____

DATE OF CONNECTION:_____

TELEPHONE # (_____) _____-_____ FAX # (_____) _____-_____

SS#_____-_____-_____ DRIVERS LICENSE #_____

MAILING ADDRESS_____

(If different) _____ZIP CODE_____

CHECK ONE

- ____ Residential Tenant--Date of Lease_____
  (Copy of Lease Required to Connect Service)
- ___ Residential Owner--Closing Date_____
  (Proof of Ownership Required to Connect Service)
- ____ Commercial-- Occupational License date_____ Occupation License #_____
  (Copy of Occupational License or License Application Required to Connect Service)

CUSTOMER SIGNATURE_____