



20591 Central Avenue West  
Blountstown, Florida 32424  
(850) 674-5488 FAX: (850) 674-8289

### UTILITY DEPOSIT FORM

DATE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

#### PLEASE CHECK THE APPROPRIATE RESPONSE:

\_\_\_\_\_ I OWN THE HOME/BUSINESS AT THIS ADDRESS  
(CUSTOMER MUST PROVIDE PROOF OF OWNERSHIP: DEED, MORTGAGE, OWNER'S AFFIDAVIT, ETC.)

\_\_\_\_\_ I LEASE/RENT THE HOME/BUSINESS AT THIS ADDRESS  
(MUST PROVIDE COPY OF LEASE OR LETTER FROM LANDLORD STATING THE NAME OF THE INDIVIDUAL LEASING/RENTING THE PROPERTY.)

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

#### **A COPY OF SOCIAL SECURITY CARD AND STATE ISSUED DRIVERS LICENSE OR STATE ISSUED ID CARD IS REQUIRED.**

DEPOSIT # \_\_\_\_\_

ELECTRIC \$ \_\_\_\_\_

WATER \$ \_\_\_\_\_

GAS \$ \_\_\_\_\_

CONNECT FEE \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

BY SIGNING THIS FORM, I CONSENT FOR THE CITY OF BLOUNTSTOWN TO CONDUCT A CREDIT CHECK FOR THE PURPOSE OF ESTABLISHING MY CREDIT WORTHINESS TO OPEN AN ACCOUNT FOR CITY UTILITIES.

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