

**TOWN OF LANTANA
UTILITY BILLING
WATER SERVICE REQUEST FORM**

Check here for change of address only _____

Social Security # _____ - _____ - _____

Home Phone (_____) _____ - _____

Cell (_____) _____ - _____

Work (_____) _____ - _____

Email Address _____

Turn on Date _____ Turn off date _____

Seasonal __ Rent __ Own __

RESIDENT NAME: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

I UNDERSTAND THAT I HAVE FULL RESPONSIBILITY OF THIS ACCOUNT BUT WANT TO INCLUDE

_____, AS AN AUTHORIZED PERSON (optional).

I HAVE RECEIVED THE NOTICE OF TERMINATION AND APPEAL POLICY. I HAVE ALSO RECEIVED A COPY OF THE RESOLUTION, WHICH STATES THE POLICIES OF THE TOWN OF LANTANA UTILITY SYSTEM, AND A COPY OF THE TOWN OF LANTANA TRASH PICKUP SCHEDULE. I ALSO UNDERSTAND THAT THERE WILL BE AN ADDITIONAL CHARGE FOR ANY TRASH PICKUP OVER TWO CUBIC YARDS IN SIZE. IN ADDITION, I UNDERSTAND THAT ACCORDING TO THE ORDINANCE GOVERNING GARBAGE AND TRASH DISPOSAL, IF A SPECIAL TRASH CHARGE IS NOT PAID, IT WILL BE PLACED ON MY UTILITY ACCOUNT AS A SPECIAL ASSESSMENT. I UNDERSTAND THAT IF MY ACCOUNT BECOMES DELINQUENT, IT MAY BE TURNED OVER TO A COLLECTION AGENCY AND/OR A LIEN PLACED ON THE PROPERTY SERVICED BY THIS UTILITY ACCOUNT.

SIGNATURE _____ DATE _____

**NOTICE REGARDING THE COLLECTION AND USE OF YOUR SOCIAL SECURITY NUMBER BY THE TOWN OF LANTANA,
FLORIDA**

PURSUANT TO SUBPARAGRAPH 119.071(5)(a)2.a., *FLORIDA STATUTES*, THE TOWN OF LANTANA IS PROVIDING YOU WITH THE FOLLOWING STATEMENT AS A RESULT OF THE TOWN'S REQUEST FOR YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER IS BEING COLLECTED BY THE TOWN EITHER BECAUSE SUCH REQUEST IS SPECIFICALLY AUTHORIZED BY LAW OR ITS USE IS IMPERATIVE TO THE PERFORMANCE OF THE TOWN'S DUTIES AND RESPONSIBILITIES UNDER LAW. YOUR SOCIAL SECURITY NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN AS PROVIDED BELOW:

THE TOWN OF LANTANA, FLORIDA, COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION; RECONCILIATION; TRACKING; BENEFIT PROCESSING; AND TAX REPORTING. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE, NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.

Signature

Date

Name (printed)

OFFICE USE ONLY ACCOUNT # _____ WA DEP AMT \$ _____

DL # _____ STATE _____ DATE RECEIVED _____ INITIALS _____

METER TYPE S _____ M _____ C _____