



TOWN OF LANTANA
UTILITY BILLING
WATER SERVICE REQUEST FORM

Check here for change of address only []

ADVANCE NOTICE OF AT LEAST 1 BUSINESS DAY IS REQUIRED FOR NEW SERVICE OR DISCONNECTION OF EXISTING SERVICE. YOU MUST SUBMIT PROPER IDENTIFICATION WITH YOUR REQUEST FOR SERVICE.

[] Turn on Date _____ [] Turn off date _____

RESIDENT NAME: _____

Social Security # _____ - _____ - _____

SERVICE ADDRESS: _____

Phone #1 (_____) _____ - _____

MAILING ADDRESS: _____

Phone #2 (_____) _____ - _____

Phone #3 (_____) _____ - _____

Email Address: _____

Seasonal [] Rent [] Own []

I UNDERSTAND THAT I HAVE FULL RESPONSIBILITY OF THIS ACCOUNT BUT WANT TO INCLUDE _____, AS AN AUTHORIZED PERSON (optional).

I ACKNOWLEDGE THAT I HAVE RECEIVED THE NEW RESIDENT PACKET WHICH INCLUDES THE NOTICE OF TERMINATION AND APPEAL POLICY. 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.

OFFICE USE ONLY DATE RECEIVED & INITIALS _____ ACCOUNT # _____

DL # _____ STATE _____ DEPOSIT \$ _____ VERIFIED BY _____