



City of Homestead  
**Application for Commercial Utility Services**

**Company Information**

Company Name	D/B/A Name	Business License Number
Business Mailing Address		
Federal Tax ID Number	Contact Name	Contact Phone Number
Business Phone Number	Business Fax Number	Email Address
Accts Payable Contact	Accts Payable Phone Number	Accts Payable Fax Number

**Personal Information of Applicant**

Last Name	First Name
Drivers License Number	Title of Applicant

**Service Location Information**

<input type="checkbox"/> New Account	<input type="checkbox"/> Transfer Account If transferring, scheduled date for termination of current account? _____	<input type="checkbox"/> Temporary Account	<input type="checkbox"/> Additional Account
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Service Address \_\_\_\_\_

Please provide copy of documents: <input type="checkbox"/> Owner Closing Date _____ <input type="checkbox"/> Tenant Lease Start Date _____ <input type="checkbox"/> Realtor	Services Applied For: <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Solid Waste	Have you had services with Homestead Utilities? Yes No Under What Name? _____ If yes, what was the previous address? _____
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Date Service is Needed _____	Has a key/access code been provided for access? Yes No
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Maintenance Contact Name _____	Maintenance Contact Number _____
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**Metered Services Connection Policy**

Initial to acknowledge statements below. Please be aware that the City's policy for turning on or reconnecting utility service is within one business day from the time that full payment has been received. In order for services to be established make sure:

\_\_\_\_\_ All circuit breakers are **off** for electricity.  
 \_\_\_\_\_ Every water faucet is **closed**.  
 In order to be completely sure turn off ALL VALVES including those under the sink, behind each toilet, in the tubs, and on the water heater OR you may turn off the MAIN GATE VALVE on the outside of your home.  
 \_\_\_\_\_ All deposits are paid in full.  
 In order for your account to be opened, the deposits must be paid in full. Deposits will be applied to the account balance when the account is closed. Any deposit refunds due will be issued within 4-6 weeks after the termination date. If you are applying by fax, please make sure to fax in the completed Credit/Debit Authorization Form.

**Agreement**

I (applicant) hereby request the City of Homestead to provide utility services at the above location. I (applicant) agree to pay all charges for services rendered as a result of this request. I (applicant) understand and agree that failure to pay any amount due to the City of Homestead can result in services not being connected and /or reconnected until such payment has been received.  
 By agreeing to establish utility services with the City of Homestead, I (applicant/ co-applicant) acknowledge that I am subject to and agree to abide by all ordinances, policies and procedures of the City of Homestead which pertain to the utility services owned and operated by the City.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**City of Homestead  
Government Issued Identification Form**

IDENTIFICATION FORM

**PLACE COPY OF  
GOVERNMENT ISSUED  
PHOTO ID HERE**



City of Homestead  
Credit Card Authorization Form

City of Homestead  
100 Civic Court  
Homestead, FL 33030  
Office: 305-224-4800  
Fax: 305-224-4839

OFFICE USE ONLY	
CID	_____
LID	_____
CLERK	_____
PROCESSER	_____
CHARGE AMOUNT	_____

All deposits must be paid in full before the service is connected.  
All debit cards will be processed as credit cards.

Name as it appears on Card: \_\_\_\_\_

Requested By: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: U.S.A.

Utilities Service Address: \_\_\_\_\_

By checking this box you agree to the convenience fee of \$3.85 per transaction charged by Paymentus to be **added** to this payment. Maximum amount per transaction is \$1,000.00.

Payment Amount: \$ \_\_\_\_\_.

Convenience Fee: \$ \_\_\_\_\_.

**Total:** \$ \_\_\_\_\_.

I authorize City of Homestead to charge my credit/ debit card the total amount of \$ \_\_\_\_\_.

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please circle your card type:



**\*Please print clearly**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code Number: \_\_\_\_ (CVV2)