



THE CITY OF
CRESCENT
CITY FLORIDA
 3 NORTH SUMMIT STREET
 CRESCENT CITY, FLORIDA 32112-2599

City Hall:(386)698-2525
 Gas Dept: (386) 698-1486
 Water Dept:(386)698-2525
 FAX: (386) 698-3467
 Fire: (386) 698-1212

NAME: _____

SPOUSE/CO:RENTER _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

911: ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: (_____) _____ CELL:(_____) _____ WORK(_____) _____

HAVE YOU EVER HAD AN ACCOUNT WITH US BEFORE? YES _____ NO _____

LANDLORD: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ CELL# _____

DEPOSIT REQUIRED \$ _____

- \$ 75.00 RESIDENTIAL
- \$150.00 RESIDENTIAL RENTAL
- \$100.00 COMMERCIAL
- \$ 35.00 (NON-REFUNDABLE)

ADMINISTRATIVE FEE: \$ _____

TOTAL DUE: \$ _____

DEPOSIT WILL NOT BE ACCEPTED IF THE FOLLOWING COPIES ARE NOT INCLUDED WITH THIS FORM:

- 1.) DRIVERS LICENSE OR PICTURE ID (TWO FORMS OF I.D.)
- 2.) IF RENTING: PROOF OF OCCUPANCY IS REQUIRED, COPY OF LEASE AGREEMENT SIGNED BY BOTH LANDLORD AND TENANT
- 3.) IF OWNER: COPY OF DEED OR PROPOSED TAX ASSESSMENT

PLEASE REMIT THIS FORM WITH PAYMENT

SIGNATURE: _____ DATE: _____

SIGNATURE: SPOUSE/CO-RENTER: _____ DATE: _____