



Public Works Department  
324 S Berthe Avenue, Callaway, FL 32404  
Phone (850) 871-1033  
[www.cityofcallaway.com](http://www.cityofcallaway.com)

## APPLICATION FOR WATER/SEWER ALLOCATION

- Water Only
- Sewer Only
- Water/Sewer

- Residential
- Commercial
- Irrigation Meter

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Project Information

Project address: \_\_\_\_\_  
(If different from above address)

Is this project located within the city limits of Callaway?  YES  NO

Will an irrigation system be installed on the property?  YES  NO

\*If yes, complete the following:

- |   |
|---|
| <p>** Number of rotating sprinkler heads: _____</p> <p>** Number of non-rotating sprinkler heads: _____</p> <p>** Number of hose bibs: _____ Size: _____</p> <p>** Unless otherwise specified, a 3/4" irrigation meter will be used for estimating price.</p> |
|---|

### Additional Information Required:

- |  |
|--|
| <p>** A complete set of blue prints or working drawings indicating all water fixtures within or outside the building. This includes dishwasher, hose bibs, and icemakers.</p> <p>** A site plan.</p> <p>** Additional certifications, plans and permits maybe required for construction in specific areas.</p> |
|--|

**Applicant acknowledges receipt of this application or any of the attached documents by the City of Callaway does not constitute a grant or reservation of sewer allocation or the approval of the application by the City.**

**Applicant acknowledges responsibility to pay all costs and expenses incident to the installation and connection of the building water/sewer. Applicant shall indemnify the City from any loss or damage that may directly or indirectly be occasioned by the installation of the building utility. Fees may include, but shall not be limited to labor, equipment, material, engineering, permitting, connection, and deposit and impact fees. I understand the connection fees are NON-REFUNDABLE.**

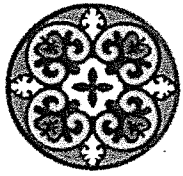
**For any application outside the city limits, a 25% surcharge will be added to the total connection/impact fees for service.**

**Note: If other governmental permits are required additional time and cost may be incurred to obtain these permits.**

**All impact fees incurred must be paid at the time of the connection fees.**

**I have read and understand the information described in this application.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF Callaway FLORIDA

*"East Bay at its Best"*

Utility Billing Department  
6601 E Hwy 22, Callaway, FL, 32404  
Phone (850) 871-6000 Fax (850) 871-2444  
[www.cityofcallaway.com](http://www.cityofcallaway.com)

## UTILITY SERVICE APPLICATION INFORMATION

- Present your photo ID, military ID or any other valid photo ID
- A copy of either: documented proof of ownership; a signed lease agreement; valid sales agreement; signed realtors listing agreement OR notarized letter of authorization from the property owner ( if the applicant is not the owner)
- A secondary name may be added to a customer's account with equal access and authority. Both account holders will be equally responsible for any unpaid balance
- There is a non-refundable account fee of \$10.00
- Current deposit amount: \$250.00 ( Active Duty Military \$100.00)
- If an applicant has a past due balance owed to the City for prior service at any location, that balance must be paid in full
- Complete notarized applications with legible supporting documents are accepted by fax
- Incomplete applications will not be processed
- Same day connections are available if received by 3:00 P.M.

NOTE: When the water meter is unlocked and turned on and there's water running on the premises, the city technician will turn the meter back off but will leave the meter unlocked so the occupant can turn the water on. If the technician is required to make a second service call to turn the meter on, a \$25 service charge must be paid prior to technician being sent.



Utility Billing Department  
 6601 E Hwy 22, Callaway, FL, 32404  
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## UTILITY SERVICE APPLICATION

PLEASE PRINT OR TYPE

Primary Account Name \_\_\_\_\_  
Last First Middle

Secondary Account Name \_\_\_\_\_  
Last First Middle

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

Mailing Address: \_\_\_\_\_  
(If different than service address) City State Zip Code

Driver's License: \_\_\_\_\_  
State Number

Date of Birth: \_\_\_\_\_ Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Email (Optional): \_\_\_\_\_

Employment: \_\_\_\_\_

Date for Service to Begin: \_\_\_\_\_ Check One Box:  Unlock Meter Only OR  Turn on Meter  
 (You must choose one)

Read statement below, sign and date application

*I, the undersigned applicant, for water/sewer/solid waste service state that the information provided on this application is true and correct to the best of my knowledge. I understand services start per purchase date or lease commence date unless otherwise stated on legal documented agreement. I understand that all charges are due as billed and accept total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance. I am also responsible for any damages done to any meters at this location by me or anyone else. I consent that water services provided at the service location may be turned on without applicant or applicant's representatives present. Applicant further agrees to hold the City of Callaway and its employees HARMLESS of authorizations made on behalf of account holder or a secondary account holder and or should the property, building(s) or premises incur damage as a result of water connection.*

Attached hereto is my (check one) \_\_\_\_\_ proof of ownership \_\_\_\_\_ lease agreement \_\_\_\_\_ sales agreement \_\_\_\_\_ signed realtor's listing.  
 Also attached is a legible copy of valid id (check one) \_\_\_\_\_ driver's license \_\_\_\_\_ military id \_\_\_\_\_ state id.

Date: \_\_\_\_\_ Applicants' Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Secondary Applicants' Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not taken an oath.

NOTARY PUBLIC: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 MY COMMISSION EXPIRES \_\_\_\_\_

CSR _____	Payment Method _____	Last Four of Credit Card _____
DATE _____	TIME _____	
COMMENTS _____		
June 27, 2019		