



**CITY OF DELAND  
UTILITY ACCOUNT APPLICATION/CHANGE FORM**

Account Number: \_\_\_\_\_

**New Account:**

Name \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_

I refuse to provide my phone number. I understand that this means the City will be unable to provide electronic notification of late and delinquent payments.

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Date to Connect Service \_\_\_\_\_

**Closing Account or Address Change:**

Name \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Closing Date \_\_\_\_\_

Water  Leave On  Turn Off (continuing availability charges may apply)

Special Instructions \_\_\_\_\_

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

**Office Use Only:**

SS # Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Verified By: \_\_\_\_\_

Signature Verified By: \_\_\_\_\_