**CITY OF UMATILLA**
**UTILITY SERVICE APPLICATION**
**TEMPORARY WATER SERVICE**

**DATE:** _____

**APPLICANT:** _____

**MAILING ADDRESS:** _____

**PHYSICAL STREET ADDRESS:** _____

**TELEPHONE NUMBER:** _____

**WATER CONNECTION DATE:** _____

**I understand the water will only be turned on for twenty-four (24) hours. This time will allow for a home inspection. If an excess amount of water is used, I understand that I will be responsible to pay for that usage.**

**The charge for this service is $35.00, payable before the water is turned on.**

_____ _____
**Applicant's Signature** **Applicant's Signature**

**If property owned by persons, firms, or corporations other than the applicant, please fill out the following information:**

**PROPERTY OWNERS NAME:** _____

**MAILING ADDRESS:** _____

**CITY/STATE/ZIP:** _____ **TELEPHONE NUMBER: (  )** _____

♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦ **FOR OFFICE USE ONLY** ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

**Paid By:** **Cash** ☐ **Check** ☐ **Money Order** ☐

_____ _____
**Date of Acceptance** **Authorized City Official**

**CITY OF UMATILLA P.O. BOX 2286 UMATILLA, FL 32784 352-669-3125 (FAX) 352-669-8313**