

**CITY OF COLEMAN  
POST OFFICE BOX 456  
COLEMAN, FLORIDA 33521-0456  
PHONE 352-748-1017**

**WATER DEPOSIT ACCOUNT FORM**

Please Print:

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

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

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

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

Telephone Number: \_\_\_\_\_

Last 4 Digits of your Social Security Number: \_\_\_\_\_

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

Please Submit a Copy of Your Driver's License

**A WATER DEPOSIT IS DUE AT THE TIME SERVICE IS REQUESTED.**

**WATER BILLS ARE DUE ON THE 1<sup>ST</sup> OF EACH MONTH. ALL WATER BILLS DUE THAT ARE NOT PAID BY 5:00 PM ON THE 30<sup>TH</sup> OF EACH MONTH WILL BE TURNED OFF ON THE NEXT SUCCEEDING BUSINESS DAY. A LATE FEE AND A RECONNECT FEE WILL BE AUTOMATICLY CHARGED TO THE ACCOUNT. PAYMENT FOR THE LATE FEE, THE RECONNECT FEE, AND ALL OUTSTANDING WATER SERVICE CHARGES WILL HAVE TO BE PAID IN FULL IN ORDER TO RECONNECT THE SERVICE. THERE WILL BE NO EXCEPTIONS TO THE PLOICY.**

**I HAVE READ, AND DO UNDERSTAND, THE CITY OF COLEMAN'S POLICY REGARDING DELINQUENT WATER ACCOUNTS. FURTHER, I AGREE TO COMPLY WITH THE LAWS OF THE STATE OF FLORIDA, SUMTER COUNTY AND THE CITY OF COLEMAN RELATING TO THE RECEIPT AND USE OF MUNICIPAL WATER.**

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Account Number \_\_\_\_\_ Meter Number \_\_\_\_\_ Receipt Number \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_