

UTILITIES



Electric

WREC

West Hernando Branch
10005 Cortez Blvd (SR 50)
Weeki Wachee, FL 34613
(352) 596-4000

Duke Energy

2329 Circuit Way
Brooksville, FL 34604
(800)777-9898



Water

Hernando County Utilities Dept

15365 Cortez Blvd
Brooksville, FL 34613
Phone: (352) 754-4037
Fax: (352) 754-4962



Trash Service

Republic Services

(800) 282-9820
(727) 868-2566

Seaside Sanitation

(800) 282-9820



Cable TV

Spectrum

(352) 796-3006



Gas

Ameri Gas

(352) 796-4988

Heritage Propane

(352) 683-4187

Bay Cities Gas

(352) 799-9239

Suburban Propane

(800) 776-7263

Teco Gas

(813) 299-0800



Telephone

Bell South

(352) 799-0362

AT&T

(888) 757-6500

Spectrum

(352) 796-3006

HERNANDO COUNTY UTILITIES

Service Application



V-3

- OWNER
 TENANT
 OTHER

Please provide government issued photo identification. The following is required:

Owners - Signed copy of HUD or settlement statement, if applicable and Deposit

In lieu of HUD: Title Company: _____ Phone: _____
 Escrow# _____ Closing Date: _____

Tenants - Lease Agreement or notarized Letter of Authorization and Deposit.

Agents - Property Management Agreement and Deposit.

Hernando County Utilities Department
 Phone: 352-754-4037 Fax: 352-688-5012
 7405 Forest Oaks Blvd.
 Spring Hill, FL 34606
<http://www.hernandocounty.us/utills/>
 E-mail: hcudcs@hernandocounty.us

Requested Turn On Date: Sub,Lot,Block,Unit:

Effective September 1, 2005, we require the customer, agent, or representative to be present when water service is being turned on. Additional service charges may apply if a second trip to the premises is required.

Service Location: _____

Customer Name(s): _____

Mailing Address: _____

City/State/Prov.: _____ **Postal Code:** _____

Photo ID Number: _____ **Last 4 SSN:** _____

Photo ID Number: _____ **Last 4 SSN:** _____

Phone Number(s): _____

E-mail Address: _____

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

Account/Deposit Info:

Amount Paid:

Credit Card Check Cash

Verification Number:

ON-LINE

<u>Applicant:</u>	<u>Water Only Deposit:</u>	<u>Water & Sewer Deposit:</u>	<u>Service Charge:</u>
OWNER	\$100.00	\$200.00	\$35.00
TENANT / AGENT	\$125.00	\$225.00	\$35.00

Contract and Waiver:

 (initial) I **acknowledge** that I have been advised to be present at the above mentioned property at the time of water being turned on.

 (initial) I **understand that** if I choose not to be present or have my authorized agent present at the time of the water being turned on, I hereby accept all responsibility for any damages and charges resulting from leaking, vandalism or negligence and further hold Hernando County harmless and without liability whatsoever.

 (initial) I **further understand** that if the water meter indicates flow and/or a possible leak, the meter and service will not be left on and an additional trip charge will be billed to my account.

The undersigned applicant(s) for water/sewer service agree(s), jointly and severally, if applicable, to conform to and abide by all the rates, rules and regulations provided by ordinance, code, resolution or otherwise of the Hernando County Water and Sewer District for water and/or wastewater service as are now or hereafter in force and which are a part of this contract. Applicant(s) further agree(s), jointly and severally if applicable, to pay water and wastewater hookup and connection fees where applicable and to pay all charges for water and/or wastewater service, as they may become due and at the scheduled rate in effect, unless and until notice in writing is given by the applicant(s) to the District through the Utilities Department that service is to be discontinued for whatever period of time. Connection fees paid to the Utilities Department are non-refundable by ordinance.

This application is subject to the Florida Public Records Law. Some persons may be entitled to have their personal information exempted from Public Records production. If you have any legal basis for exempting your information (law enforcement officers, certain government supervisory officials, etc.), please state the basis below. In the event of a Public Records request for your application, legal counsel will be asked to confirm whether the claimed exemption applies.

Public information exemption: _____ YES

Please state the basis: _____

Signature : _____ Date: _____ Signature: _____ Date: _____