



BEACHES ENERGY
SERVICES

Residential Utility Application
OFFICE HOURS: MONDAY-FRIDAY 8:00AM TO 5:00PM
11 N 3RD STREET, JACKSONVILLE BEACH, FL 32250
CUSTOMERSERVICE@BEACHESENERGY.COM
WWW.BEACHESENERGY.COM
PHONE: 904-247-6241 FAX: 904-247-6115

Name: _____
(Last) (First) (MI)

Service Address: _____
(Number, Street) (Apt/Unit) (City, Zip)

Mailing Address: _____
(If different from Service Address) (Number, Street) (Apt/Unit) (City, Zip)

E-Mail Address: _____

E-Bill Only: No Yes (You will only receive an electronic statement if you select "Yes".)
Multiple email addresses accepted.

Turn On Date: ____/____/____ (Monday-Friday; Please allow access to meter)

Telephone Numbers: Primary: _____ Secondary: _____

Driver's License #: _____ State: _____ DOB: ____/____/____

Social Security #: _____ The City collects your social security number for the following purposes: clarification of accounts; customer identification and verification: customer billing and payment; creditworthiness: and other lawful purposes necessary in the conduct of City business. This information will not be used for any other purpose. (Section 119.071 (5) Florida Statutes)

Employer: _____ Phone: _____

Name(s) of Other Responsible Adults in Household: _____

Transfer/Disconnect Service at Former Beaches Energy Address: _____

Disconnect Date: ____/____/____ Customer # _____ Location # _____

DEPOSITS MAY BE PAID BY CASH, CHECK, OR MONEY ORDER ONLY

A letter of credit from your current utility provider showing one year of service with no late payments or returned checks during the past 12 months may be used in lieu of deposit.

I hereby make application to Beaches Energy Services for utility services and agree to abide by all ordinances, provisions and applicable rules of the City of Jacksonville Beach, FL, in regard to the utility services and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. I will be personally responsible for payment of utility bills rendered.

Date: ____/____/____ Signed: _____

If mailing or using fax, please attach a legible photocopy of State Identification, Driver License, Passport, or Military ID. Applications are considered public documents according to Florida Statutes and are subject to public inspection.

For Office Use Only

Customer #: _____ Location #: _____
Deposit: \$ _____ Existing Deposit: _____
Connect Fee: \$ _____ Temp Pole Fee: _____
Underground Fee: \$ _____ Tap Up Fee: _____