

## 11 N. 3rd Street, Jacksonville Beach FL 32250 customercare@beachesenergy.com • www.beachesenergy.com • phone 904-247-6241

## **Residential Utility Application**

Name:	(T ()	(E	:4)	(MI)
Service Location Address:	(Last)	(First)		(MI)
Mailing Address: (If different from service address)	(Number, Street)	(A <sub>I</sub>	ot/Unit)	(City, Zip)
	(Number, Street)	(A <sub>I</sub>	ot/Unit)	(City, Zip)
Telephone Numbers:	Primary:	Sec	ondary:	
E-Mail Address: (Multiple e-mail addresses accepted)				
Enroll in E-Bill:	$\square$ No Yes (You will only receive an electronic statement if you select "Yes")			
Turn On Date:	/(Monday-Friday: Please allow 24-48 business hours to begin service)			
Driver's License #:			_State: DO	B:/
Employer:	Phone:			
Social Security #:				
The city collects your Social Security nu Creditworthiness and other lawful		larification of accounts; Customer ide f City business. This information wil		
Name(s) of Other Responsible Adults in Household:				
Transfer/Disconnect Service at Former Beaches Energy Address:				
Disconnect Date:	//	Customer #:	Location i	<b>#</b> :
Sign up for Auto Payments:	□ No □ Yes			
	Signature			Date
I hereby make application to Beaches End City of Jacksonville Beach, FL, in regard the time of delivery. I will be personally to	to the utility services and a	gree to pay for such services	in accordance with rat	
DEPOSITS MAY BE PAID BY CASH, one year of service with no	CHECK, OR MONEY O late payments or returned	RDER ONLY - A letter of c	redit from your curre nonths may be used in	ent utility provider shov 1 lieu of deposit.
If mailing or e-mailing please attach a documents according to Florida Statutes	legible photocopy of State I and are subject to public ins	dentification, Driver License	, or Passport. Applicati	ions are considered public
		For Office Use Only		
Office Hours: Monday-Friday 8:00AM to 5:00PM	Customer		Location	
	Deposit:		Existing Depo	sit:
Lobby Hours: Monday-Friday 8:00AM to 4:30PM	Connection/T	ap Up Fee: /	Underground	Fee: