



Residential Utility Service Contract Application Form

Hours: Monday- Friday 8:00AM-4:00PM
Phone: 954-434-4300 Option 1
Email: Utilitybilling@CooperCity.Gov
9090 SW 50th Place
Cooper City, FL 33328

Owner Security Deposit Amount: \$100.00
New Account Fee: \$25.00
Utility Account # _____

Internal Use Only

ACCOUNT WILL BE **BILLED** FOR THE SECURITY DEPOSIT IN THE AMOUNT OF: \$ _____ .00
By: _____ Date: ____/____/____

PLEASE TYPE OR PRINT

Service Address: _____ Zip Code: _____

Owner Name: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Driver License # _____ or Gov't ID# _____

Phone # _____ Email: _____

Have you ever had a utility account in Cooper City? Yes No Address: _____

Billing preference: Email _____ or US Mail: Yes No

Your initials are required for each item below, to acknowledge that you have read these important procedures affecting your account:

- _____ I understand - When opening a new utility account, I will be charged a one-time new account set-up fee.
- _____ I understand - For each monthly invoice, all balances due are to be paid by the due date to avoid late fees, delinquent turn-off, and lien process.
- _____ I understand - My Security deposit will not be refunded until property ownership has changed.
- _____ I understand - My security deposit will be applied to the final bill, therefore, all balances are to be settled at closing between the seller buyer prior to closing the account.
- _____ I understand - My final bill and any remaining security deposit, in the form of a refund check, will be mailed according to the information on my account. Failure to notify the Department of a change in my mailing address, may prevent these items from being mailed to my intended destination.
- _____ I understand - Failure to notify the US Postal Service to forward my mail, may prevent these items from being mailed to my intended destination.
- _____ I understand - By execution of this contract for service I am in agreement with the City of Cooper City Code of Ordinances, and agree to observe abide by all applicable City, State, Federal Statutes, Resolutions, and Regulations.
- _____ I understand - That I am fully responsible for all charges at the above property, to include the minimum monthly service charge (even if services are off) until I notify the department that property ownership has changed.

"Pursuant to §837.06, Florida Statutes, a person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor of the second degree, punishable as provided in §775.082 and 775.083, Florida Statutes. Under the penalties of perjury, I, _____ (Owner), declare that I have read the foregoing application and that the facts asserted in it are true."

Owner Signature: _____ Print Name: _____

Date Application Completed and Signed: ____/____/____