City of Flagler Beach

ACCOUNT CHANGE FORM

PLEASE COMPLETE AND RETURN TO THE UTILITY BILLING DEPARTMENT

☐ADD A TENANT ☐REMOVE A TENANT ☐ADD MANAGING AGENT ☐NAME CHANGE

☐UPDATE ACCOUNT INFORMATION ☐CHANGE BILLING FORMAT/ACH ☐CHANGE PAPER/PAPERLESS BILLING
☐ADD ACH ☐REMOVE ACH

PLEASE NOTE: The applicant(s) name MUST match the those listed on the deed or lease.

SELECT ONE: I am the ☐ Property Owner I am the ☐ Tenant I am the ☐ Managing Agent

Property Owners Name: _____

Tenants Name: _____

Property Manager Name: _____

☐**CLOSING/SALE DATE or** ☐**LEASE TERM IS** ☐**ENDING** ☐**BEGINNING** _____/_____/_____
month *day* *year*

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____**STATE**: _____**ZIP**: _____

TELEPHONE #: (_____)_____ **SECONDARY TELEPHONE #**: (_____)_____

EMAIL: _____

I (applicant) hereby request the City of Flagler Beach to provide the requested changes to my utility account at the above location. I agree to pay all charges for services rendered as a result of this request. I understand and agree that failure to pay any amount due to the City can result in termination of services and legal action for the collection of such sums plus penalties, interest, legal expenses and administration fees.

Printed Name: _____ **Date**: _____

Signature: _____

FOR UTILITY BILLING DEPARTMENT USE ONLY

RECEIVED BY: _____ **DATE:** _____

ACCOUNT #: _____

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