



City of Hallandale Beach

Utility Billing Division

400 S. Federal Hwy, Hallandale Beach, FL 33009

Telephone: (954) 457-1360

Website: www.cohb.org

Email: FinanceUtilities@cohb.org

Office Hours: 7:00am - 5:30pm, Monday-Thursday (excluding holidays)

MULTI-FAMILY UTILITY SERVICES APPLICATION

WELCOME TO THE CITY OF HALLANDALE BEACH. THE FOLLOWING INFORMATION IS REQUIRED TO ESTABLISH YOUR UTILITY ACCOUNT. IF YOU HAVE ANY QUESTIONS OR SUGGESTIONS, A CUSTOMER SERVICE REPRESENTATIVE WILL BE HAPPY TO ASSIST. WATER SERVICE IS NOT GUARANTEED FOR APPLICATIONS PROCESSED AFTER 2:00 PM. ALL FAUCETS MUST BE TURNED OFF BEFORE THE WATER CAN BE TURNED ON. THE CITY OF HALLANDALE BEACH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE PURPOSE OF CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS.

Required:

- Signed & Executed Warranty Deed
- Water Meter Deposit (based on meter size) + \$20.00 Connection Service Charge
 - Option to waive Water Meter Deposit - Apply for Auto Debit/Bank Draft
- Sanitation Deposit

PROPERTY INFORMATION

Water Service Start Date: _____ Sanitation Service Start Date: _____

Service Address: _____

Property Owner Name(s): _____

Billing Address: _____
(if different from the service address)

Phone Number: _____ Email: _____

EIN/SSN: _____ Driver's License No.: _____

Sanitation:

CONTAINER SIZE	MTHLY RENTAL	PICK-UPS PER WEEK							COLLECTION DAYS							TOTAL
		1	2	3	4	5	6	7	MO	TU	WE	TH	FR	SA	SU	
1 CU YRD	\$10.40	N/A	\$98	\$147	\$194	\$241	\$289	\$337								
2 CU YRD	\$12.35	N/A	\$186	\$277	\$369	\$463	\$547	\$644								
3 CU YRD	\$14.30	N/A	\$264	\$389	\$517	\$644	\$762	\$889								
4 CU YRD	\$18.20	N/A	\$326	\$501	\$660	\$826	\$982	\$1,148								
6 CU YRD	\$22.10	N/A	\$504	\$746	\$988	\$1,239	\$1,481	\$1,720								
8 CU YRD	\$26.00	N/A	\$663	\$993	\$1,318	\$1,643	\$1,968	\$2,289								
COM. AUTO		\$52	\$100	\$140	\$187	N/A	N/A	N/A								
Add Comm		\$26	\$50	\$70	\$94	N/A	N/A	N/A								
Auto																
OTHER																
RENTAL																

TOTAL MONTHLY CHARGE _____
DEPOSIT EQUALS 3 TIMES MONTHLY CHARGE _____
TOTAL DEPOSIT _____



APPLICANT AGREEMENT-

BY SIGNING BELOW YOU AGREE THAT THIS APPLICATION FOR SERVICE IS MADE WITH THE EXPRESS UNDERSTANDING AND AGREEMENT THAT THE APPLICANT (ACCOUNT HOLDER) WILL COMPLY WITH ALL CITY ORDINANCES RELATED TO UTILITY SERVICES AND HAS READ THE "UTILITY SERVICE INFORMATION" FORM. THE DEPOSIT AMOUNT IS DEDUCTED FROM THE FINAL BILL AND WATER ACCOUNTS ARE NON - TRANSFERRABLE.

Signature

Print Name

Date

FOR OFFICE USE ONLY

ACCOUNT #/CUSTOMER ID: _____

METER DEPOSIT AMOUNT: _____ PLUS \$20.00 SERVICE FEE

SANITATION DEPOSIT AMOUNT: _____

CONTAINER NUMBER: _____

PROCESSED BY: _____