



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

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

CLOSED ON FRIDAYS

RESIDENTIAL 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
- \$200.00 Deposit + \$20.00 Connection Service Charge
- Option to waive Water Meter Deposit - Apply for Auto Debit/Bank Draft

PROPERTY INFORMATION

Service Start Date: _____

Property Owner Name(s): _____

Service Address: _____

Billing Address: _____
(if different from Service Address) City State Zip Code

Social Security Number: _____ Driver's License No.: _____

Phone Number: _____ Email: _____

APPLICANT AGREEMENT

BY SIGNING BELOW, YOU AGREE THAT THIS APPLICATION FOR SERVICE IS MADE WITH THE EXPRESS UNDERSTANDING AND AGREEMENT THAT THE APPLICANT WILL COMPLY WITH ALL CITY ORDINANCES RELATED TO UTILITY SERVICES AND HAS RECEIVED AND READ THE "UTILITY SERVICE INFORMATION" FORM. UNAUTHORIZED WATER CONNECTIONS AND METER TAMPERING IS STRICTLY PROHIBITED AND WILL BE FINED PER OCCURANCE IN ACCORDANCE WITH ORDINANCE 30-9. "THE BASE/AVAILIBILITY CHARGE SHALL BE ASSESSED FOR SO LONG AS THE UTILITY SERVICES REMAIN AVAILABLE TO THE PROPERTY, WHETHER THE SERVICES ARE TURNED ON/OFF OR METER IS REMOVED", AS PER ORDINANCE 30-7. **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:	_____
DEPOSIT AMOUNT:	_____ PLUS \$20.00 SERVICE FEE
PROCESSED BY:	_____