



Address: 5575 SW 67th Avenue Rd, Ocala, FL 34474

Phone: (352) 414-5454 Fax: (352) 414-5461

Office Hours: M-F - 8:00 am to 4:00 pm AFTER HOURS/EMERGENCY

PHONE: (352) 414-5454

Website: www.blccdd.com Email Address: bayinfo@blccdd.com

Residential Water Utility Application

Closing Date or Lease Start Date: _____ Number of Occupants: _____

I am a: Home Owner Renter Property Management / Real Estate Company

Primary Account Holder: _____ Phone: _____

Secondary Account Holder: _____ Phone: _____

If Renter – Owners Name: _____ Phone: _____

New Service Address: _____
Street Unit City State Zip

Billing Address: _____
(if different than service address) Street Unit City State Zip

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing. History.—s. 1, ch. 2006-232.

Email: _____ (optional)

Preferred Billing Method: Email Bill (E-Bill) Printed Bill E-bill and Printed Bill

If the preferred billing method is not selected, a printed bill will be sent to the designated billing address.

I am interested in setting up Auto-payment from a checking or savings account: Yes No

Please request and fill out the Electronic Fund Transfer Authorization form and submit a voided check along with this application

Homeowner: I, the customer, understand that I am required to submit a copy of my driver's license and a security deposit at the time of application. An acceptable letter of credit as outlined in the District's Uniform Service Policy (USP) may be submitted in lieu of a security deposit. Incomplete applications or applications that do not contain all the supporting and required documents will not be accepted by Bay Laurel Center CDD.

Renter: I, the rental customer, understand that I am required to submit a copy of my lease, a copy of my driver's license and a security deposit at the time of application. Incomplete applications or applications that do not contain all the supporting and required documents will not be accepted by Bay Laurel Center CDD.

If your closing date changes, please notify us as soon as possible so we can update your account accordingly. Failure to inform us of any changes may result in service disconnection.

The undersigned hereby requests that Bay Laurel Center CDD provide Water and Sewer service to the property described above. I/We agree to pay in full when all charges for such services are due. Failure to keep water/sewer bills current may result in Bay Laurel Center CDD exercising its rights pursuant to the adopted USP to charge additional fees and disconnection of service.

By the signing of this Residential Water Utility Application, customer confirms and acknowledges my/our obligation to abide by all existing reasonable rules and regulations of the District and any amendments thereto as set in the District's USP as amended from time to time. Hard copies of said rules and regulations and amendment thereto are available for inspection at the Customer Service department of Utility located at 5575 SW 67th Avenue Road, Ocala FL 34474 or on the District's website of www.blccdd.com.

There is an Account Set up fee applied to the first bill in accordance with the District's Adopted Rate Schedule.

Customer Signature _____ Date _____ Customer Signature _____ Date _____