



Address: 8470 SW 79TH Street Road, Suite 3, Ocala, FL 34481

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

Rental Water Utility Application

New Service Start Date: _____ Assigned Account Number: _____

Applicant Name(s): _____

New Service Address: _____

Street Unit City State Zip

Billing Address: _____

(if different than service address) Street Unit City State Zip

Primary Phone: _____ Secondary Phone: _____

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

I am interested in taking the behind the scenes Water Treatment Plant Facility Tour: Yes No

I, the rental customer, understand that I am required to submit the completed "Owners Authorization", 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.

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 8470 SW 79th Street Road, Suite 3, Ocala FL 34481 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



Owner Authorization for Renter Service

Service Address: _____
Street Unit City State Zip

Renters Name(s): _____

Primary Phone: _____ **Secondary Phone:** _____

Property Owner Name(s): _____

Mailing Address: _____
Street Unit City State Zip

Home Phone Number: _____ **Cell Number:** _____

Email: _____

I, _____, own the property located at the above mentioned location give my permission for the water service to be put in the name of my renters (listed above). I realize that if they leave with a balance owing on their account, I am immediately responsible for payment of the account in order for service to continue.

Property Owner Signature

Date